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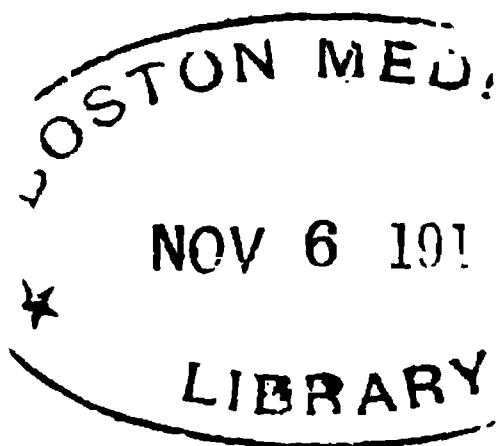
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THE
MONTHLY HOMŒOPATHIC REVIEW.

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THE MONTHLY
HOMŒOPATHIC REVIEW.

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THE NEW YEAR.—MEDICINE AND SOCIETY.

At the commencement of a New Year we give a word of welcome to our readers, and a sincere wish that 1896 may be a happy and prosperous one for us all, not only individually, but prosperous in the further advancement of true and scientific therapeutics. It is Leap year, and we trust progress may go on by leaps and bounds.

* * * * *

In our Editorial article of last month, we discussed certain points in connection with the relations existing between the profession and the public, and in the same month we find an interesting and entertaining article in the *Nineteenth Century*, by Dr. BURNEY YEO, entitled "Medicine and Society." He commences by quoting SYDENHAM'S reply to the question: What book it is best for a man to read in order to qualify himself for the medical profession? the reply being "*Don Quixote!*" By this SYDENHAM meant, and Dr. BURNEY YEO endorses his interpretation, the study of human nature, its social relations, and the characteristics of men and women as they are met with in social life. In using the word "Society," Dr. YEO does not mean the conventional use of the word, but "human nature in its social relations and aspects—that intimate social life with

which we doctors in our professional character are brought into peculiarly close and interesting association." Such a study is not only interesting to the doctor, but essential to his success. There is a great amount of truth in the popular idea that a doctor who knows the constitution of his patient from long professional intimacy is most to be trusted. Such a knowledge, and the power to let it be seen that it is known, is one of the chief ties between doctor and patient, and engenders that chivalric feeling of trust and friendship which is such a help in sickness; while to the doctor who is observant and sympathetic—we might almost say poetical—in his nature, a peculiar charm is felt in his work. He mingles during the day with so much society, or human nature seen in all phases and moods, and with the veil of ceremony removed, that he feels independent of the pleasures of evening "Society."

* * * * *

Here comes the question of *Tact*, into which we entered so far in our article of December. Tact is, perhaps, the most valuable gift—we call it a gift designedly—that a doctor can possess. It is, in fact, all-important, and without it a doctor, well-versed in his profession, will fail. It is so much a gift that a man without natural tact will rarely succeed in acquiring it, and will be constantly "putting his foot in it," to the detriment of both his patient and himself. Dr. BURNLEY YEO thus defines, or describes, tact: "Tact is, perhaps, a difficult thing to define, but I will make the attempt. It is, according to my view, an acute realisation of, and an active consideration for, the feelings and thoughts of others, together with a temporary forgetfulness of oneself, for a self-conscious person cannot be *tactful*, he is too much occupied in thinking of himself. To this must be added a certain capacity for the ready invention of expedients. Tact, moreover, must not be hampered with too strong sympathy; there must be no *ardour* in tact. I have often thought how much finer is the tact of a tactful woman, even than the best kind of masculine tact, and I have admired it and coveted it. SARDOU, in one of his comedies, has well described, by means of a pleasing figure, this tact as exhibited by a clever woman. One of his characters says:—

“ ‘ Nature, in making women of us, has played us such a scurvy trick that she has thought it necessary to make amends for it by bestowing on us a sixth sense—like the butterflies. Have you,’ she goes on, ‘ ever examined a butterfly? Look! there are some preserved in this case. Look at their heads—are they not pretty? Then you see they have two little horns—so long, so long—in order that they may touch and feel *at a distance*. It is the same with us women; we, too, have little golden horns around our heads, like these—so fine, so delicate, that no one sees them, and yet they divine everything!’ ”

This is true tact, and admirably described.

* * * * *

“ The recent tendency,” Dr. Yeo remarks, very correctly, “ to extreme specialism in medicine, it must be admitted, tends to diminish the closeness of the association (between doctor and patient), and to lessen its interest.” There is no doubt of this. When a patient requires a physician, although his or her malady may assume one prominent feature, the wise and skilful physician generally finds that the whole system is out of order. He takes a bird’s-eye view of the whole case, noting the prominent malady and how it is affected by other parts, and in its turn affects the whole body. And by doing so he gets his patient well, and gains his or her confidence and trustful friendship. But now-a-days so many people, following the recent fashion, go to one specialist for their liver, to another for their stomach, to a third for their cough, to a fourth for their nerves, to a fifth for some other organ or malady, and so on, till they cease to have any confidential knowledge of any one doctor, while the specialist looks at the patient through the smallest of coloured spectacles. Dr. Yeo well says “ I am convinced that this modern tendency to extreme specialisation detracts from the wholesome and legitimate influence which the profession of medicine should exercise in society. Many members of our profession are getting looked upon as mere handicraftsmen, or as skilful merely in the manipulation of some special appliances, to be summoned when needed for the application of their special art, and to be dismissed and forgotten as soon as their special work is done.” Specialism is most useful when carried to a legitimate point, but a specialist in a very limited field is almost sure to become

a narrow-minded man, seeing nothing but his own special organ, going for it, and forgetting that his organ is only one part of a complex body, in which the apostle tells us so truly that if one member suffers all the other members suffer with it.

* * * * *

Especially is this extreme specialism to be deprecated in homœopathic practice, where, as Hahnemann taught us so wisely and observantly, one has, in order to get success, to "cover the totality of the symptoms,"—that is, to observe the deviation from health in every organ in the body, and their correlation, and so to be enabled to select the right remedy. A so-called "local" disease is rarely, if carefully observed, found to be purely local, and if treated as such, the treatment is one-sided, and hence often unsuccessful.

* * * * *

Dr. Yeo thinks that, though specialism increases the income of a young man more quickly than it would otherwise grow, "it tends to a lower standard of general attainment in what is regarded as the higher ranks of the profession; for a man of very limited ability can in time acquire a certain familiarity in the management of a single organ, and by merely identifying himself with that organ, and compiling some work—no matter how slender its merits—on its diseases, he becomes advertised as a skilful specialist and he acquires sufficient income." He next "begins to charge large fees, and society is made to know that even the possession of such small things as 'adenoids' is a costly affliction." Dr. Yeo states that society is beginning to resent this increased costliness of medical and surgical help, and is getting to look on the members of the medical profession as more mercenary and less disinterested than they were wont to be, and thus our social influence is diminished and the pleasantness of our relation to society, to some extent, lost.

* * * * *

Dr. Yeo next takes up some questions of medical etiquette—questions which the public cannot always see with the same eyes as the members of the profession. He refers first to the relations between general practitioners, consultants and the public. He propounds

a maxim, which, we fear, is often lost sight of in such questions, but which ought to be kept well in mind: "We must remember that society does not exist for the purpose of supplying us with patients, but we exist for the benefit and service of society." If this were kept in view fewer difficulties would occur. In discussions and in print "views have been expressed which have presented more the appearance of trades union restrictions and socialistic tendencies to 'level down' than a real desire for the real advancement of the medical profession. These restrictions, often difficult and sometimes impossible to carry out, tend to embroil medical men with society, because they are designed to *coerce* both, and an Englishman detests coercion, more especially when he is convinced that it is not intended for his own good but for the advantage of the *coercers*. Common sense, good faith, discretion and gentlemanly feeling—these are the best guides to follow in our relations with society and with one another. Where they do not exist, rules of etiquette will not create them, and where they do exist they will not be needed, or will only prove an embarrassment. Society asks for absolute freedom in its relations with the medical profession, and absolute freedom, I consider, it should have."

Dr. Yeo then goes on to say that "some general practitioners are constantly complaining of the action of consultants in allowing the patients of these practitioners to consult them privately, and they strive to make out that this is a breach of medical etiquette. Society claims, on the other hand, the right to do precisely what it pleases in this matter; and setting aside for the moment any professional feelings, and judging of the question at issue simply as a *citizen*, it is impossible, I think, to doubt that society has this right." Where the general practitioner is ever ready to make it easy for his patient to seek additional advice, this sympathetic appreciation of the patient's feelings and position will usually be rewarded by his return to his doctor with renewed and enduring confidence. That the consultant should, however, offer no facilities or inducement to a patient so sent to him to continue under his care, even Dr. Yeo would allow.

Dr. Yeo illustrates his meaning by examples occurring in his own practice, and observes that it is only the

general practitioner who considers he has an unalienable right in his patients, and has a right to complain if they privately and occasionally, without telling him, consult some one else. He points out that as this wandering from the doctor is often the result of "natural human weakness and instability," or of "excessive nervous anxiety," or excessive affection, or the intermeddling of some friend, or a desire to try a "new and fashionable craze," it is the wisest plan for the practitioner to take as little notice as possible of such wanderings. "No medical man with a proper amount of self-respect can possibly wish that patients should be forced to consult him when he does not possess their entire confidence. I am sure that this is the case with the leaders of the profession in London, and it would be better if it were so universally." There is, no doubt, a great deal of sound common sense and justice in these views, though they may not be palatable to some general practitioners, and perhaps "put their back up" somewhat.

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"Unprofessional advertising" is the next "burning question" Dr. Yeo takes up, and his views on this question are very lenient. He says "Now let it be frankly admitted that we do *all* seek *publicity* in some form or other; we advertise our colleges, our hospitals, our books, our appointments, our lectures, &c., and we delight in various forms of *indirect* advertisements. . . . It has always struck me as a very remarkable thing that while advertising *within* the medical profession is practised so extensively, and without incurring any adverse comment, the smallest notice in the public journals excites such lively animosity. It is quite peculiar to our profession." He goes on to say, "I am confident I am well within the limits of accuracy when I say that three-fourths of the medical books that are published year by year are published mainly for the purpose of advertising their authors, and that the advertisements of these books in the medical journals are many many times in excess of what a publisher would think necessary for promoting their sale. Indeed, I am certain that the total amount spent in advertising average medical works, that are not text-books, is by far in excess of any possible profit that could arise from their sale. I am not to be understood as blaming this practice.

I do not. I recognise it as almost a necessary of professional existence; but I do think it is singular and somewhat inconsistent to approve of extensive advertising of one kind, and to become so excited over a small amount of advertising of another kind." He then refers to "society" paragraphs, the insertion of the movements of certain doctors in the fashionable news in the newspapers, &c. It is a delicate question to touch upon, so we leave Dr. Yeo's views without any comment from ourselves, beyond remarking that in the one case the "advertiser" brings his work to the bar of a competent tribunal, while in the other favour is sought at the hands of those incapable of arriving at a correct judgment of the merits of the case. This, we think, does away with the inconsistency alluded to.

* * * * *

The question of how far a physician is bound to tell his patient the whole truth as to his or her case being an incurable or a fatal one, is next discussed. Here we should say, unhesitatingly, that in the end honesty is the best policy. When the fatal end is near, and the patient will not see it, we think the doctor is morally bound to let his patient know it, either direct from himself or through the nearest friend, even though the announcement be likely to be prejudicial to the physical condition in the way of exciting or depressing the patient. It may do so, but yet the duty of the doctor is clear, and there are extremely few patients who will not in calmer moments honour and respect, and be ever grateful to the doctor who thus acts, if it is done gently and with tact. Where, however, the illness, though necessarily fatal, is likely to be prolonged, we do not think it is wise, or necessary, to *say* bluntly that there is no hope. We must keep up the courage of our patient by tactfully evading the question, promising what we can of improvement, and expressing ourselves so guardedly that the patient can easily notice that we make no promises of complete recovery, leaving further revelations to evolve themselves naturally or gradually. By doing so, we do no harm, and we save much possible and prolonged distress of mind. But on no account must we be led into a false idea of tact in saying what is untrue. And if the patient asks point-blank, as to a friend whom he

trusts, the real state of the case, the doctor ought to answer honestly and fearlessly, and take the consequences. His own conscience will tell him he has done his duty.

* * * * *

The last point Dr. Yeo takes up involves such a serious charge against certain members of the profession that we cannot do other than quote his words, especially as he considers the charge "not altogether unfounded." He says: "Finally, I would refer very briefly to certain very grave criticisms that have recently been advanced regarding the conduct of certain members of our profession in their relations to society. It has been stated in many quarters—in the public press, in the medical journals, and even by a distinguished member of the Council of King's College—and it has formed the chief theme of a most violent and abusive attack on our profession made in France in the form of a romance by a son of the celebrated French author, ALPHONSE DAUDET—a work which has had a success quite out of proportion to its merits: it has been stated in these various quarters that surgical operations are now constantly performed, not for the advantage of the patient, but solely for the pecuniary benefit of the operators. This is really a very serious charge, and, I deeply grieve to think, one not altogether unfounded. It is one of the evils attendant on the spread of specialism, and is undoubtedly associated with the present craze to treat everything by surgical operative measures; the *impatient spirit of the age* is also to some extent responsible for this tendency. Instead of waiting to untie the knot, in order to save time we *cut it*! Society is in itself greatly to blame for this in the encouragement it has given to the excessive development of specialism, and for not exercising 'a reasonable judgment as to those in whose hands they place, so often without a thought, the issues of life and death, and the earthly fates of their dearest.'" The other charges against French doctors, we do not notice, as unnecessary in England. But we blush to think that such charges are possible, still more that so candid a writer as Dr. Yeo considers them not unfounded. We ought to purge ourselves of such a disgrace till not a shade of suspicion of such conduct can

be averred against any one in our noble and sacred profession.

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We have gone at considerable length into Dr. BURNLEY YEO's article, following, as it does, in the wake of our December editorial, because it is in itself so important and interesting to both the medical profession and the public, and because the article is so brightly and entertainingly written. Some of his stories are amusing, and had we but space, we would have quoted at least one. But enough has been written to show how vitally important it is for the medical profession to consider carefully their relations to society in its largest acceptation, and to show how much the essentials of the true gentleman oftentimes come into play in the successful and honourable conduct of such intimate and unique relations as exist between the doctor and the patient.

THE ROYAL COLLEGES AND WOMEN.

THE obstinate refusal of the Royal Colleges of Physicians and Surgeons of England to admit women within their sacred precincts cannot but be regretted by all who care either for the reputation and dignity of those institutions or for free play and justice. It is difficult to understand the position taken up by them and by those who are opposed to the entrance of women into the medical profession, since they are careful not to give what is the only logical reason for excluding women from practice, viz., the fear of competition. The question is only open to discussion on *economic* grounds, though the same argument would be valid in all the professions and trades which women pursue in common with men, and one sees no reason why doctors should be specially protected. To talk of their unfitness, either physical or intellectual, at this hour of the day, when there are 200 medical women already in practice in Great Britain, is manifestly absurd. It has not yet been stated that women are of too delicate a constitution to make good nurses, and probably the strain on a nurse's nerves and powers of endurance is not much less than that undergone by the ordinary practitioner. In the *Pacific Coast Journal of Homœopathy* for July, 1895, there is an interesting paper by Florence N. Saltonstall, M.D., on

the "Surgical Treatment of Uterine Fibroids," in which she gives a report of twelve successful cases in which she had operated by the vaginal and vagino-abdominal and other methods. So that operative surgery is not beyond the capacities of *some* women. As to their inferior intellectual abilities, it may be well to recall the fact that some ten or twelve years ago an International gold medal, open for competition to all the hospitals and schools of medicine was won by a lady, Miss Helen Prideaux, and that another lady was one of three successful candidates for the Degree of Master in Surgery of the London University at its last examination. Some opponents of medical training for women are pleased to call it a "new craze," forgetting that there was a time when the healing craft (such as it then was) formed part of every high-born lady's education, and the sight of blood and treatment of wounds must have been familiar enough in those fighting days. Women are therefore claiming no new right, but an old one fallen into disuse. Fortunately it does not rest with the Royal Colleges of London to give a final verdict as to their fitness or unfitness; there are ample opportunities for women to prove that point elsewhere, and the decision of those learned bodies is of small importance except to their own reputation. It is greatly to be regretted that they should show themselves laggards on the march with the times, and amongst those who would seek to deprive women of the opportunity of using their abilities and gaining a livelihood, and a great pity that they should have chosen this occasion of proclaiming to the world that they can afford to be indifferent to the fees which will be gathered in by the more liberal minded Colleges and Universities of the North.

THE EDUCATION OF NURSES.

THE transition from the consideration of medical women's claims to the affairs of the nursing profession is an easy one. Here at least "women's rights" remain practically unchallenged. In another issue we have traced—briefly and superficially—the progress of nursing from the "Gamp" days to the present. We have seen the vanguard of the nursing body uniting themselves to

improve the education and training of nurses, and to protect their position. Out of this movement have developed the (now very usual) "three years' system," and official registration as carried out by the Royal British Nurses' Association.

Matters, however, are not to rest here. About a year ago, if we remember rightly, a considerable and ever-increasing number of matrons banded themselves together, under the title of The Matrons' Council, to advance the interests of the profession. Quarterly meetings are held, at which papers are read by members on theoretical and practical subjects. So far the education of nurses has received considerable attention. In addition, however, a series of "Post-graduate Demonstrations on Practical Nursing" has been arranged, the first of the course having already been given.

We may say, briefly, that one of the chief objects of nursing authorities at present is to secure an uniform curriculum of education for nurses. To be effective this is to be State regulated, and is to include diploma granting and State registration. Whether or not a preliminary course of teaching and an examination (analogous to those passed by students intending to enter the medical profession) are desirable, is a point of importance, and what subjects deserve the ante-probation's attention is not of less consequence. To bring about these ends so eminently desirable if wisely pursued, the support and influence of the medical profession are needed. It is already clear that this will not be wanting. We learn from the *Nursing Record* of the 21st ult., that a conference of the representatives of nursing schools has been called by the Chairman of the Parliamentary Bills Committee of the British Medical Association. The meeting is to discuss the following resolution, proposed by Dr. BEDFORD FENWICK, and carried at the annual meeting of the British Medical Association in July last:—"That in the opinion of this meeting it is expedient that an Act of Parliament should, as soon as possible, be passed providing for the registration and education of medical, surgical and obstetric nurses; and the Council of this Association are, therefore, requested to consider this matter, and to take such measures as may seem to them advisable to

obtain such legislation." The conference is to take place early this month.

The work in which nursing authorities are thus entering is one surrounded on all hands by difficulties, many of which are not even yet apparent. We hope and believe that it will not be entered upon lightly. By imperfect and premature work harm may be done to a good cause. That this new year of 1896 will be one of great importance to nurses, medical men, hospitals, and through them to the public in its "hours of woe," appears more than probable. That the result may be "the greatest good of the greatest number" is the sincere wish of all concerned, as it is our own.

NURSING AT THE LONDON HOMŒOPATHIC HOSPITAL.

WE learn, on good authority and with considerable pleasure, that the chief hospital in this country where it is possible unhinderedly to carry out Hahnemann's rule, "let likes be treated by likes," is determined to be amongst the advanced guard in the matter of the thorough training of its nurses. For many years those best acquainted with its nurses have appreciated their practical knowledge, obtained perhaps in part the more readily because in the absence of students a large part of the practical carrying-out of the treatment devolves upon them. To this has now been added a complete and systematic course of theoretical instruction by members of the visiting staff of the hospital. More than this, we are informed that no nurses are now placed upon the staff of the Nursing Institute (or private nursing staff) who have not *completed* their three years' training *in hospital*.

We congratulate the hospital on the stand they have thus taken in opening a position in advance of a number of Metropolitan nursing schools. It has cost the hospital not a little inconvenience in reducing its private nursing staff, inconvenience which we believe has reacted upon the medical men who have been in the habit of making use of its nurses. We feel sure the latter will ultimately (and soon) show their appreciation of the efforts made to supply "quality," even at a temporary loss in "quantity," and will not allow the

Nursing Institute to suffer on account of the stand for principle which has been made.

We are glad to inform our readers that with the new year a considerable addition to the number of fully trained nurses available for nursing in private is being made. The staff will be added to from time to time as material permits and demand justifies.

THE BRITISH GYNÆCOLOGICAL SOCIETY AND HOMŒOPATHY.

It is with some interest that we watch the growth of the fruit borne by the editorial of *The Lancet* (April 13th, 1895), respecting "homœopaths" and medical societies. For many years the *Lancet* did not deign to notice the British Gynæcological Society, which has continued to flourish, nevertheless, without its patronage. Latterly, however, the ban has been removed and the society is no longer ignored. As if in return for that kindness the Council of the Society now proposes to depart from its old liberal way of "asking no questions for conscience-sake," and to exclude from its membership medical men practising homœopathy. Whether the rule is to be retrospective or not is not stated. The wording of the Council's resolution is somewhat loose, but it doubtless counts either on the ignorance of the members at the annual meeting, or on their entering into the spirit of its resolution rather than criticising the letter of it. If the society proceeds to exclude all men who practise homœopathy it will exclude all its members, for it is practically impossible now-a-days to be an up-to-date practitioner without—sometimes—practising homœopathy. Probably the Council is unaware of this—unaware even of what homœopathy is.

Can it be that this retrograde and illiberal step for which power is sought, is the only answer of which the medical profession is capable to the advances of homœopathy, so plainly seen in the metropolis and everywhere? If it be so, we are sorry for its mental blindness and for the ignorant self-sufficiency which it writes upon its own brow and for which itself and the public must inevitably suffer. "Licht, mehr licht" was Goethe's cry, and we hope one day its rays may yet illumine the darkness of our opponents. We shall see.

THE PLACE OF DRUGS IN THERAPEUTICS.*

By RICHARD HUGHES, M.D.

GENTLEMEN,—I have been honoured by the staff of this hospital with a request that I would co-operate with them in inaugurating, by a course of lectures, their new building. Gladly acceding to their wish, I have also accepted their further suggestions as to my subject-matter. It should belong to the art of medicine, and not—save incidentally—to the sciences ancillary thereto; and it should approach this from the stand-point of disease rather than that of drugs. The latter—the pharmacodynamic—sphere has indeed been that in which for many years my public work has moved; yet in the other—the therapeutic—I am not altogether a new labourer. Twice already† I have surveyed in print the whole field of disease, with the view of enquiring what homœopathy can do for each form of it, and with what remedies. It has been my hope, when other tasks should have been completed, that I might once more prosecute such an enquiry, and bring to it the further study and thought and experience of the years that have supervened since last I essayed it. I bring them now to my present course of lectures, hoping thereby to make these of some interest and profit to their hearers.

My subject matter, then, is—as the title of my course announces—Homœopathic Therapeutics. The form it will take, the direction in which my remarks will tend, must be determined by the circumstances under which I speak. We are assembled within the walls of the London Homœopathic Hospital, at a time when this institution is commencing a new era of its existence. It behoves an inaugural lecturer to explain and vindicate the adjective which forms part of its title. What do we mean, what distinctiveness do we assert, what limitations do we imply, and how do we justify such distinctiveness and such limitations, when we describe our hospital, not—as ordinarily—by a geographical or

* Being the first of a course of post-graduate lectures on Homœopathic Therapeutics, delivered at the London Homœopathic Hospital, November, 1895, to January, 1896.

† *Manual of Therapeutics*: 1st ed., 1869; 2nd ed., 1877-8.

personal name, like Westminster or Guy's, but by one denoting a special mode of treatment? The poor know what we mean, and flock to us in their thousands: the public know it, and support us with their guineas. But the profession also has a claim to hear our *raison d'être* expounded to it, in such manner as shall appeal to its special means of judgment and canons of conduct.

What, then, is the "Homœopathy" for the practice of which among the needy this hospital has been erected and will be maintained? We find the name, the formula, and the full statement of the method, in the first edition of Hahnemann's *Organon*, published in 1810. "Hitherto" he writes in the Introduction "the diseases of human beings have been treated not rationally, not on fixed principles, but according to various curative intentions, among others according to the palliative rule: *contraria contrariis curentur*. Directly opposite to this lies the truth, the real road to cure, to which I give the guide in this work: To cure mildly, rapidly, and permanently, choose in every case of disease a medicine which can of itself produce an affection similar (*ὁμοιον πάθος*) to that it is wished to cure (*similia similibus curentur*)." The passage remains substantially unchanged in all the subsequent editions of the book up to the fifth of 1833.*

On this statement I would make two remarks.

1st. You will observe that Hahnemann's formula is not, as commonly given, *similia similibus curantur*—likes are cured by likes, but *similia similibus curentur*—let likes be treated by likes. It does not state a law of nature: it gives a rule of art—"to cure . . . choose." This was always Hahnemann's way of putting it†; and we have learned from good authority that he was much annoyed at the substitution of *curantur*,—which is not surprising, as it is dubious Latin, as well as a misrepresentation of his intention. However, thus begun even in his lifetime, the change has become almost universal since: we find it difficult to keep our

* See Dudgeon's version of 1893, pp. 38 and 206.

† The only other occasion of his employing the phrase in print is in a letter written in 1835 to the French Minister of Public Instruction; and there it stands as in the *Organon* (see *British Journal of Homœopathy*, xxxviii., 64).

printers away from it*, and it is now proposed (unless wiser counsels prevail) to “write it with an iron pen, and grave it in the rock for ever” by inscribing the formula thus on the new statue of the Master to be erected at Washington. As so expressed, it has led to much rhetoric about it as a natural law,† and much discussion as to the cure of which it speaks‡—all of which becomes irrelevant when we perceive that we have to do with a rule for treatment instead of a law of cure. It does not say “likes are cured by likes,” which would be inadequate if merely meaning that such cure may be, unwarrantable if implying that all cure is, so wrought. It says “let likes be treated by likes,” which makes the formula good Latin and tenable direction.

2nd. Homœopathy is thus a therapeutic method. It belongs, moreover, exclusively to that part of the therapeutic sphere in which drugs are our instruments. “To cure . . . choose in every case of disease a medicine.” It gives no instruction as to the other resources of the physician’s art—diet, regimen, temperature, climate, the use of water and electricity, and so forth. Some analogies among these—and even among psychical affections—to the operation of similars have been pointed out by various writers from Hahnemann himself downwards; but they are all somewhat questionable,§ and at any rate find no place here. They belong to the philosophy of homœopathy, not to its practical working; and with this last alone we are concerned at the present time.

Homœopathy is a method of drug-therapeutics; and while it has the advantages, must also share the limitations of its materials. These limitations are of several kinds; but are mainly imposed by the superior claims of other remedial measures. *Similia similibus* may be the

* They have made Dr. C. Wesselhoeft substitute it for Hahnemann’s own language in his translation of the *Organon*; and they conveyed it into pp. 2 and 45 of the fourth edition of my *Pharmacodynamics*, to the great detriment of the sense. (In later editions the mistake has been corrected).

† See Dr. P. P. Wells in *North American Journal of Homœopathy* for August, 1878.

‡ See Dr. Pemberton Dudley in *Hahnemannian Monthly* for June, 1893.

§ See Hahnemann’s suggestions of this kind criticised by Dr. Dudgeon in his *Lectures on Homœopathy* (1854), p. 71-4; and by Dr. Sharp in his *Essays on Medicine* (1874), Essay vi.

best method of choosing medicines, but medicines are not always the chief or the most appropriate means of treating the sick. Such a thought was hardly so familiar to the age of Hahnemann as it is to our own. The ordinary medical attendant was then in fact as in name an apothecary—one who served out drugs from a store; his only variation upon this theme occurring when he bled or blistered. Of the natural history of disease nothing was known, and the idea of trusting to it was before Skoda and Dietl unheard of. Hygiene played as little part in the doctors' prescriptions as it did in the patients' lives; and the *tolle causam* on which we now lay so much stress was then directed only to those hypothetical morbid states—obstructions, spasms, altered humours, and so forth—which were assumed as the foundations of disease. With the advance of knowledge on these subjects a corresponding encroachment has been made on the sphere of drug-therapeutics; and homœopathy occupies a less prominent part in the practice of homœopaths, not because they trust it less as a guide to drug-selection, but because they have less need of drug-action itself.

Let us think a little on this head.

The treatment of hygiene as an instrument in the physician's hand may be illustrated from the writings of Hahnemann himself, and of one of his earliest expositors—Carroll Dunham, compared with the much larger place it holds in the treatises and thoughts of the present day. Hahnemann was personally a hygienist of no low standard, far in advance of his day, as may be seen from many of his lesser writings, and from his letters to patients. In the *Organon* (1810-1833), however, he but glances at the subject. "The physician's high and only mission is to cure," and he is to do this mainly by medicines. He must, indeed, "know the obstacles to recovery in each case and be aware how to remove them, so that the restoration may be permanent." He "is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove these from persons in health." This is all he has to say on the subject in the opening aphorisms of his work; and of the closing ones he is content to devote three to regimen in chronic, and two to diet in acute diseases. Carroll Dunham, in his *Homœopathy the Science of Therapeutics*

(1863), limits the latter term to "the discovery and selection of an individually specific remedy for each individual case of disease." The province of hygiene, he says, is "to discover whatever causes may have contributed to induce or perpetuate the diseased condition, and, if possible, to remove them." He admits that "hygiene alone is sufficient to restore many sick persons to health;" but his treatise goes on to dismiss this subject in about seven pages, while some fifty are devoted to therapeutics, *i.e.* drug-healing. Neither of these writers can be felt to have done full justice to hygiene, as a cause, when neglected, of disease, or a means, when observed, of restoration to health. It is otherwise with such authors as Dr. Dudgeon, in his *Rational Medicine* (1878),* and Dr. Dake, in his *Therapeutic Methods* (1886). The former, after relating fourteen cases as fairly representing "one day of my practice," remarks that "only a small proportion exemplify pure therapeutical treatment"—*i.e.* treatment by curative drugs; while the latter abandons this limitation of the term, and has a special section on "Physiological Therapeutics" which includes all that we generally class under hygienic measures. And so it is with our daily practice. Hahnemann would not allow the name of "chronic diseases" to those morbid states which result from exposure to avoidable noxious influences, and which disappear spontaneously under an improved mode of living. He dismisses them in a single aphorism of the "*Organon*;" but as a matter of fact we all find them playing an important part in our work. When consulted by a patient out of health, our first enquiry—after his inheritance—is into his environment, his occupation, his habits, his diet. Our first prescription for him is the regulation of anything we find wrong here, and the supply of anything lacking. Drugs will do little without this, and with this—as Hahnemann himself says—small scope is left for them to do anything. Nor is it only in anomalous, undefined morbid states that the statement I have just made holds good. Scurvy is as definite a disease as purpura; and yet, while the latter is fully amenable to remedies, the former as obstinately resists them till the deficiency of fresh food on which it depends is

* *Brit. Journ. of Hom.*, xxxvi., 122. See especially pp. 168-171.

supplied. This fact, well-known as regards sailors and adults generally, has been pressed on our notice of late by the occurrence of scorbutic conditions in children, owing to the too free use in their dietary of the preserved foods now so largely employed. Barlow and others in the old school, Gibbs Blake, Edward Madden, Deschere and Van Baun in our own*, have illustrated the malady from their experience; and one and all concur in the account of its therapeutics I have just given. Scurvy is of dietetic origin, and yields only to dietetic treatment. Again, take the morbid condition which Murchison has taught us to recognise as "lithæmia." It arises entirely from deficient exercise, aëration, and flushing of the conduits of the body, in proportion to the food taken. Medicines are, perhaps, not so utterly ineffective here; but they play a small part in comparison with the improved regimen which the laws of hygiene dictate. In the same direction points a recent testimony from one of our most practical physicians—Dr. Searle, of Brooklyn. After relating a series of interesting cases of Bright's disease, in which he has had special experience and no little success; after showing his mastery of our medicinal agents here—arsenicum, cantharis, and the like, he goes on to say: "In this, as well as in many other chronic forms of disease, I have derived inestimable benefit from a combination of the milk, rest, and water cures. Indeed it is amazing to see what can be accomplished by these alone, while, without them, drugs may be set aside as of little use in chronic Bright's disease." The fact is, we all underrate the immense power of the natural agencies we have at our command. The good Pfarrer Kneipp knows it, and so effects the recoveries which have made his name famous. Think of the part played by sunlight in the growth of plants, and of its inhibitory influence—lately discovered—upon the activity of bacteria; and you have an instance of it.

The observance of the rule "*tolle causam*" is a branch of hygiene, and another feature of the medicine of to-day which has relegated drug-treatment to a subordinate

* See *Journ. of Brit. Hom. Soc.*, ii., 27, 37, and *Hahnemannian Monthly* and *North Amer. Journ. of Hom.* for October, 1894: also the article on Scurvy in my *Manual of Therapeutics*, 2nd ed.

place. There is a good deal of ridicule of this maxim in the *Organon*; but when it is examined, the *causæ* search for which is satirised are found to be (as I have said) the assumed "proximate causes" of morbid states—the hypothetical spasms, obstructions and altered humours which played so large a part in the pathology of the day. When (§ 7) Hahnemann mentions the "*causa occasionalis*," he appends the following note:—
 "It is unnecessary to say that every intelligent physician would first remove this where it exists,—the indisposition thereupon generally ceasing spontaneously. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body that causes inflammation of the eye; loosen the over-tight bandage on an injured limb that threatens to cause mortification, and apply a more suitable one; lay bare and put a ligature on the wounded artery that produces fainting; endeavour to promote the expulsion by vomiting of belladonna berries, &c., that may have been swallowed; extract foreign substances that may have got into the orifices of the body (the nose, gullet, ears, urethra, rectum, vagina); crush the vesical calculus; open the imperforate anus of the new-born infant, &c." If now we expand Hahnemann's *et cetera* into those more numerous and varied exciting causes which later knowledge has brought into view, we shall see that their discovery and removal occupy no small place in the duties of the physician, for whom (and for his patients) the Lucretian

"Felix qui potuit rerum cognoscere causas"

is as true as it is to the philosopher. He is especially called upon in these days, I think, to follow up the lines of one of Hahnemann's earlier writings, where, before "psora" was thought of, he traced most human ills to excessive coffee-drinking. He herein discerned the peril lurking in a class of substances whose use will yet never fail among men. Alcohol in one way, tea and coffee in another, tobacco in a third,—they are no aliments; they contribute nothing to the nutriment of the body: but they give a zest to life, they bring an elevation to its depressions, a refreshment to its wearinesses, a soothing to its frets, which few would

willingly dispense with. The Bible, with that large humanity which distinguishes it among sacred books, recognises this as regards the one most liable to abuse ; and for it "wine that maketh glad the heart of man" stands side by side with "bread that strengtheneth man's heart."* But the peril here lurks very near the surface. Hahnemann's diatribe against coffee was doubtless an exaggeration ; but the pictures of "caffismus" he has there so vividly traced remain true, and are ever and anon being verified and added to. Who was it that said you will never cure migraine unless you exclude coffee from the dietary ? I forget ; but I believe the dictum to be a sound one. We are told of Balzac that in his early career as a novelist he "frequently did not go out for weeks at a time farther than to the nearest grocer's, and that only to obtain coffee, which he consumed at night while he read or wrote. . . . From the life he led at this time he contracted a tendency to violent attacks of toothache, recurring all through his life."† Brown-Séquard traced pruritus ani to its free use, Legrand de Saulles agoraphobia, Vincent Léon Simon loss of virility ; while Messrs. de la Tourelle and Gagne have recently brought forward a memoir on chronic intoxication by the berry, as symptoms of which they enumerate many digestive and nervous disorders.‡ It is in the direction (I say) of these semi-medicinal accessories to our regimen that we shall often profitably look for the cause of disease. Coffee is not, in this country at least, so often abused as alcohol and tobacco. I am no "tee-totaller," and I do not join those who are so in railing at and foreboding evil to the "moderate drinker ;" but I venture to think that the majority of men who take alcohol at all do so immoderately as regards health, however far they may keep from being drunkards. I am sure, too, that our profession has much to answer for here in the craze which has prevailed during the last thirty years of ordering every patient whiskey. It was done at first, I suppose,

* See also Proverbs xxxi., 4-7.

† For the acute toothache of coffee, see *Brit. Journ. of Hom.*, xxxii., 546.

‡ *L'Art Médical*, Aug., 1895.

negatively, with a view to discontinuing the sweet strong wines and ales which so often proved feeders to gout. But it has become a positive prescription; and the usquebaugh of the Celt, in its most fiery Scotch form, has grown into the familiar drink of the Saxon. The only person, I make bold to say, who has benefited by this is the distiller. Pure wine and beer have their uses, I doubt not; but pure spirit is so much poison, and should be relegated to the category of drugs and used only by the physician. Tobacco is a more subtle ill. Here, too, I quite recognise that there may be a "moderate smoker"—one who may get the comfort of the practice and yet re-act completely against its sedation; but here, too, I maintain that he is seldom to be found, and that most smokers are, by however small degrees, injuring their health. Consider—to go no farther—the troubles of heart and eyes which result from the abuse of tobacco. In their full development, these are angina pectoris and white atrophy of the retina; but think how many stages must be traversed before such extreme results are reached, and how many smokers are therefore slowly, but surely, damaging these important organs by their daily indulgence in their favourite sedative. I would beg those who doubt the injurious effects of tobacco to study the article upon it in the *Cyclopædia of Drug Pathogenesis*, and, if they will, the *brochure* which our worthy *pharmacien* at Brussels—M. Seutin—has published upon its ill-effects. Read, too, Dr. Dudgeon's paper on the "Stammering Heart," in the first volume of the *Journal of the British Homœopathic Society* (p. 3), with his acknowledgment of tobacco as sometimes an exciting cause; and Surgeon-Captain Deane's remarks in the discussion upon it as to the prevalence of palpitation in the army. This has caused, he said, and is still causing an enormous amount of invaliding. Many of its subjects develop organic disease of the heart, and before they leave the service they frequently show signs of it in enlargement of the organ, and perhaps a little murmuring sound. He himself, perhaps from personal predilection, shrinks from tracing this to smoking; but what does he acknowledge? "They go into hospital, and in hospital they get worse. But if their tobacco is knocked off, the palpitation stops."

I have not put tea in the forefront of our habitual

poisons ; but not because I am myself partial to it, and would

“Compound for sins I am inclined to
By damning those I have no mind to.”

I do not question its analogy with coffee and tobacco, and its capability of similar abuse and mischief.

“The liquor doctors rail at, and which I
Will drink in spite of them ; and when we die
Will toss up who died first of drinking tea,
And cry out—heads or tails ? where’er we be.”

So wrote Shelley in one of his lighter moods. Perhaps he would not have been so morbidly nervous, not to say hysterical, a subject if he had drunk less. Tea must certainly be borne in mind as a possible factor in all cases of disordered heart-action, especially in women ; and is not innocent of chronic headaches and backaches in these subjects. Practically, however, there is rarely the same temptation to overdo its use that there is with tobacco. Tea-drinkers are not at their practice at all hours of the day, as so many lovers of the weed are ; and they do not sit up late imbibing as the others do inhaling, for they know that a sleepless night would follow as a nemesis. There is greater danger to nervous health from the Peruvian alternative, coca, which has lately been brought into such extensive use. Steeped in wine, it is offered everywhere—even, I regret to say, by homœopathic chemists—as a “tonic,” a “pick-me-up,” a promoter of sleep and appetite. Unwary weakly ones fly to it to gain strength, and find only nervous tension with the reaction which inevitably dogs it. They would know better than to take strong tea or coffee for such purposes, and they ought to be instructed that coca is another agent of the same kind,—as is also the kola nut, which some are advocating in its stead. Of somewhat different action, but not less seductive and destructive, is the absinthe we have heard so much about of late years. “Oh ! but it is those dissipated Frenchmen who practice such indulgence,” I fancy I hear some one say. Alas ! a daily newspaper of September last tells us that “absinthe-drinking is now becoming quite common in London. Considerable quantities are sold by wine-merchants for private consumption, and in several of the west-end cafés the

‘absinthe hour’—between five and six—is becoming a regular institution.”

I am not now studying the effects of these substances, or weighing their good against their evil. I am not pleading—as I could plead—for their reduction to the veriest minimum in our daily use. I am speaking of them as *causæ* of disease, which, *sublatæ*, allow of the *tollitur effectus*. So universal is their use, so frequent their abuse, so insidious and pervading their noxious influence, that I feel sometimes inclined to place side by side with Hahnemann’s rule another to this effect: To cure, find what semi-medicinal agent is keeping up ill-health, and proscribe it.

The sphere of *tolle causum* has been much widened of late by the recognition of reflex action as a source of disease. If our American colleague, Dr. Pratt, is right—and he has unbounded confidence, copious evidence, and an enthusiastic following—there is hardly an ill that flesh is heir to which may not arise from a morbid state of the orifices of the body, and be removed by their surgical rectification. In the evil effects of phimosis he certainly has a case in point. But, to seek less debatable grounds, how many recurrent headaches are due to eye-strain; and need a prescription, not of medicine from the physician, but of glasses from the oculist! How many neuralgias—pretty well all, I think, that occur in young people—arise from faulty teeth, and are best relieved by the dentist’s art!* One of the early German homœopathists tells an instructive story of his prolonged sufferings from vertigo, confusion, tinnitus, and a number of such ills, against which symptomatic medicinal treatment was useless; and his accidental discovery that a plug of cotton-wool in one ear would procure their cessation, and hence that their cause was a perforation of the membrana tympani on that side, readily neutralised by mechanical measures. What a crowd of reflex phenomena occur in the female subject, when that centre of her system, the uterus, is the seat of a displacement or a laceration! How many an epilepsy or a chorea is due to the presence of worms in the intestines, and ceases

* That homœopathists are alive to these matters, see (*inter alia*) the papers of Mr. Knox Shaw and Dr. Edward Blake in the *Monthly Hom. Review* for December, 1887, and March, 1888.

on their expulsion ! And so I might go through all the organs of this body of ours, so wonderfully tempered and knit together that if one member suffer all the members may suffer with it. But I refrain. Enough has been said to show that in a large number of cases the guiding rule, even for the homœopathic physician, must be not *similia similibus curentur*, but *tolle causam*.

It is surgery, mainly, which helps us in these latter instances ; and the great expansion of surgical applicability is one cause of the narrowing of the sphere of drug-action, and therefore of homœopathy. We who live in the days of anæsthesia, of asepsis and antisepsis, can hardly realise how limited was the operator's range before their introduction. The pain which must be inflicted at the time ; the danger of shock, of surgical fever, erysipelas, hospital gangrene, pyæmia, afterwards, held the hand, and made the sufferer reluctant to undergo, the surgeon loth to undertake, the measures now regarded as so practicable and helpful. The alternative of resort to these must often be put to our patients, and not uncommonly conscience compels us to throw our own weight into the operative scale. Homœopathy can do much to obviate the need of surgery, much—as our results obtained in this institution show—to heal and restore from the breaches this makes ; but it must acknowledge in many instances that the other's *cito* outweighs its own *jucunde*, and that even the *tuto* is on the side of the knife.

Again, there are other measures, not hygienic, not surgical, yet extra-medicinal, which by their development have contributed to limit homœopathy even in the hands of homœopaths. Currie and Priessnitz were contemporary with Hahnemann ; but the hydrotherapy which the former advocated in acute, the latter in chronic, diseases seems to have made little impression on his mind, as indeed upon that of his contemporaries. That most precious gift of nature—or rather of the Mind whose body nature is ; that drink for thirst, cleansing for soilure, fertilisation for barrenness ; diluent and solvent, cooling, moistening, refreshing—*water* was (I fear) in little esteem then either within or without. Mainly through the successes at Malvern of Gully, himself as regards medicine a convinced homœopathist, its use *à la* Priessnitz has received a great impetus ; and

some of Currie's practice has been revived by Brand in his treatment of typhoid by baths. That we may not neglect this adjuvant appears from the experience of Dr. von Bakody, who so ably presides over the homœopathic department of the University Hospital of Buda-Pesth. In every acute disease but typhoid he was (I speak of some years ago) able to show a lower mortality than that of the wards in which the ordinary treatment is practised: in this his figures pointed the other way, and he explains the difference by the lack of facilities in his portion of the hospital for carrying out the cold bath treatment adopted in the other. I know that Paris and Melbourne show a more favourable balance on our side in this disease; but I have yet to learn that the treatment against which ours was pitted there was balneo-therapeutic. Of all the resources afforded by this mode of practice we must be capable of availing ourselves, and must not lament even if they push our beloved homœopathy to the wall.

Franklin, Galvani and Volta were also contemporaries of Hahnemann, but the application of electricity to disease had hardly risen above the horizon during the time of his active life. Now, however, its use has become an important and essential branch of the art of healing, which cannot be neglected without loss. Dr. Hedley can justly put forward an "*Apologia pro electricitate sua*," and plead that it should not be regarded as a mere *dernier ressort* but given a primary place of its own.* There are paralyses and neuralgias and spasms in which nothing acts so well, and where drugs take quite a secondary place. I do not know whether our new hospital has an electrical room, but I am sure that its staff will be ready with electrical treatment whenever this shall be demanded.

Once again—gymnastics and massage, themselves as old as the art of medicine, have of late years become almost as important in its practice as they were in the days of Hippocrates. No use of drugs, however skilful and well-directed, can render these agencies unnecessary; and it is instructive to observe that the chief populariser of Ling's movement-cure in this country was a homœopathic physician—the late Dr. Roth, and that another

* See *Lancet*, p. 1105, vol. i., 1895.

of our fraternity, Mr. Gerard Smith, is now making orthopædics a specialty. Whatever we may think of iatro-chemistry, iatro-mechanics must always play a part in the care of the human frame, whose structural integrity is secondary in importance only to its vital.

I have brought these considerations before you, gentlemen, with a two-fold object, according to the class of hearers I am addressing. Many of you are fellow believers with myself in the value of the method of Hahnemann. Now this method is so beautiful in theory, and—when it can be carried out in favourable circumstances—so felicitous and satisfying in practice, that we naturally grow enamoured of it, and are apt to think homœopathy the be-all and end-all of the healing art, all other therapeutic measures being but “adjuvants.” I would not have it so thought. Disappointment and disgust will wait upon such overstrained expectations; and they who have entertained them will be apt to sink into mere eclectics, picking out the plums from our practice but never learning how to make the pudding. From the beginning it should be realised that homœopathy has to do with drug-therapeutics only, and that the sphere of this is limited. To impress such a thought upon the mind, I have allowed myself to some extent to play the part of the *advocatus diaboli* at canonisations, and to say all that can be said in depreciation, comparatively, of treatment by drugs. I shall henceforward be free to engage in the more congenial task of appreciating such practice; but proportion will have had its due.

I have, however, been speaking to some who come here as it were from outside, who sit—I will not say in the seat of the scornful, but—as critics and possible objectors. My endeavour with these has been to show that we are no narrow sect, despising the potent aids they know and esteem so well, and restricting ourselves to drug-giving and symptom-covering, but heirs of all that is good in general medicine, and such as glory in their inheritance. Do not, I pray you, on the other hand, suppose that because we so enlarge our hearts we have any distrust in our method, any disloyalty to the banner we have raised and do sustain. We are indeed physicians first, and homœopaths afterwards; but we

are homœopathists afterwards, and those who honour me by following this course of lectures will have ample proof that we cherish and are proud of our *cognomen*. I shall not have addressed you in vain, however, if I have made you feel that the *nomen* which precedes it is at least as dear to us; and the more so, as it unites us with colleagues from whom we grieve to be even temporarily separated.

ALBUMINURIA AND ITS RELATION TO LIFE INSURANCE.

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(Continued from page 695, vol. 39.)

Cirrhosis.

SYNONYMS:—Cirrhotic Bright's disease; interstitial nephritis; gouty or contracting kidney.

In this form there is increase in the fibrous stroma of the kidney, with thickening of the capsule and ultimate atrophy of the organ, and some times the formation of cysts.

It usually commences very insidiously, without any of the early symptoms which are found in the other forms. It is often caused by the abuse of alcohol, by lead poisoning and by gout, and often it occurs when the cause cannot be determined.

The urine is normal or excessive in quantity, of pale colour, and low specific gravity. The albumen is at first slight but increases later, and varies in amount from time to time. The amount of urea is deficient and tube casts may often be absent when searched for.

The appearance of the patient is generally pale, with fulness of the lower lids, and a localised sparkle in the eyes due to œdema of the conjunctivæ. There is the somewhat blank expression usual with those who do not see well. The temporal arteries are prominent and tense.

The radial pulse is found to be like a cord. There are signs of impairment and alteration in other organs. The digestion is bad, tongue furred, constipation and functional disturbance of the liver. Cardiac hypertrophy is marked and other degenerative changes occur, and

consequent failure. They are very liable to valvular disease. The arteries are thickened owing mainly to thickening of the middle-coat, and there is increased tension. Hæmorrhages may occur, such as epistaxis. Dyspnœa occurs sometimes due to pleural effusion or œdema of the lungs, and also the toxic condition of the blood causes dyspnœa; dropsy is common about the ankles and legs and eyelids or abdomen. Headache is a common symptom not always of any particular variety. It may be neuralgic, or due to poisoning with non-eliminated products (uræmic) or from organic change, especially in the blood vessels.

There is general debility of the nervous system, restlessness and irritable temper, more susceptibility to drugs and alcohol.

The sight is affected. There may be sudden dimness or even blindness of the whole or part of the field of vision. This may be transitory, due to uræmic blindness. Hæmorrhages occur in the retina, and we find patches of deep red or lighter colour, fawn-coloured patches, and sometimes complete atrophy. There is atrophy of the discs, following optic neuritis, and choroidal atrophy.

Hæmorrhages may occur into the brain substance, and paralysis result. Hæmiplegia is more common in this disease than in nephritis.

The albumen in the urine is due to alterations in the filtering apparatus, and the increased tension, but it is also due to transudation, which is often associated with it. This accounts for the slight albumen as a rule, and the increase with acute exacerbations.

The prognosis is bad, as it ends fatally by uræmia, œdema of the lungs, hæmorrhagic apoplexy, or some intercurrent malady. As an example of this form of kidney disease, I present a few notes on W. T. B., ætat 63. This case has been going on for many years, but he first came under my care on February 13th, 1893. He has always been distinctly gouty, and insists on living on a rich full diet, with two or three kinds of wine daily.

When I examined him, the feet were swollen, and ankles œdematous. The first cardiac sound was prolonged and slightly roughened, and he suffered with bad attacks of breathlessness. The heart is greatly hyper-

trophied and the temporal and radial arteries were tense and like cords. Pulse 43 per minute. Feb. 15th, pulse 38 per minute. 17th, urine over 40 ounces, clear, specific gravity 1025, albumen.

The patient was very ill, and on March 18th there was œdema up to the knees, the heart threatening to give way. *Digitalis* ϕ η ii. every three hours was given.

19th, urine 20 ounces; 20th, urine 30 ounces; 21st, urine 35 ounces and legs improved. He got up and went for a drive and walked a little, and on the 23rd urine 25 ounces, more œdema, pulse 40 and he was weaker. I succeeded in persuading him to remain in bed and take almost a milk diet, but he was a most difficult patient to manage. April 4th urine 50 ounces, and 10th no œdema, pulse 37. May 13th he drove into town, a distance of five miles, and walked about without any breathless attack. August 23rd. Bad breathless attack. Jan. 30th, 1894. He was very ill and breathless, pulse 42 and very laboured, urine less, and ankles œdematous. *Infusion digitalis* 3 j. ter die was ordered. The urine increased while the albumen diminished, and he improved. Feb. 14th. Urine 40 ounces.

He had profuse nose bleed on March 8th while taking *apocynum* ϕ . It was controlled by *phosphorus*. He continued much in the same state, and on November 9th I found the urine 35 ounces, loaded with urates, specific gravity 1024—albumen $1\frac{3}{4}$ grammes per litre, which is equivalent to

$$\frac{7}{4} \times 35 \times 0.4375 = 107.1875 \text{ grains per diem.}$$

Urea 9 grains per ounce, which is $35 \times 9 = 315$ grains per diem.

He continues still much in the same state, but has not been under medical supervision much, as he lives five miles out of town, and will only call in medical advice when thoroughly frightened about his condition during any bad attack.

I have seen him during the present month, and his general condition continues fairly satisfactory. Although he is only able to walk about the house, he is able to sit at his desk and do a fair amount of writing daily.

Waxy disease.

This consists of waxy or amyloid degeneration of the Malpighian bodies and small arteries, rarely of the walls of the tubules and their epithelium, along with, in many cases, transudation of fibrin into the tubules. Various stages of degeneration occur, simple degeneration, enlargement with transudation and atrophy. Cardiac and arterial tension changes are not common, and are only found in about 5 per cent. of advanced cases. Changes in the smaller vessels are frequent. Phthisis is the only important lung complication. Diarrhœa is common from waxy disease of the intestine. These cases are less liable to uræmic complications, and hæmorrhages into the brain never occur in pure waxy disease.

Diagnosis of Waxy disease.—We always find a history of suppuration, either present or past, or of some chronic wasting disease, as phthisis or syphilis. We find evidences of waxy disease in other organs—generally waxy disease of the intestine, liver or spleen, but these changes may not always be evident.

Grainger Stewart has called attention to polyuria as an important early symptom, this being often the first symptom of the disease, even before any albumen appears in the urine. The specific gravity of the urine is low—1005 or so. There may be little albumen. The urine sometimes rises as high as 250 ounces. The urea at first over the 500 grains per diem, then decreases.

Polyuria also occurs in many cases of cirrhosis, and in some cases of inflammation of the tubules, but in these cases it is only a late symptom, whereas in waxy disease it is the earliest renal symptom.

Prognosis.—Usually the patient does not die of the waxy disease, but especially of casual complications, chronic suppuration, phthisis, caries of bone, super-added inflammation of the tubules, and occasionally of uræmia, where no other added condition can be discovered. Complete recovery may occur, if we can remove the suppuration or other cause.

As to the cause of the albumen in these cases. There is no evidence of alteration in the blood, or in the blood pressure. There may be co-existent alteration of the Malpighian bodies, and tubules, but probably it is an alteration in the vessel walls. These are thickened, but are rendered more permeable, and the process is analogous

to the transudation which occurs from the waxy vessels of the intestinal wall, and which gives rise to the diarrhœa.

Functional.

This term has been used broadly to include all cases where albumen is present in the urine, but no diseased condition can be found. In many cases the presence of albumen is discovered quite by accident. There are no symptoms pointing to renal disease, and as in the case I mentioned at the beginning of the paper, the case may go on until an accidental examination of the urine discovers the presence of the albumen. I shall speak under this heading of all cases of albuminuria where there is no discoverable kidney implication, and where the albumen is not due to something added to the urine after secretion.

I am convinced that many of these cases depend on impaired digestion. The tongue is often furred, and many symptoms of bad digestion are present. The liver frequently is sluggish, and owing to this bad assimilation and digestion, we find *oxalates* present in the urine.

The albumen is not always present—it usually is absent in the morning before breakfast, and appears in the urine after that meal. The quantity is usually slight, but may be distinctly found with cold nitric acid. The total amount of urine is normal.

The specific gravity is fairly high, and the amount of urea is normal.

In cases where I have formed the opinion that the digestion was at fault, I have prescribed the constant use of some assistant to the digestive process—ordering one of the forms of pepsin and zymine; and there has been considerable improvement in the amount of albumen present, and also in the general health. In the case of the medical man before mentioned, this treatment was followed by distinct general improvement—not only did the amount of albumen diminish, but the weight increased, and the general condition improved.

Diagnosis of these cases depends on the absence of any evidence of kidney disease, with the evidence of a satisfactory condition of the urine in all other respects.

Prognosis.—These cases may go on passing albumen more or less continuously for months, and even years,

and no more serious condition arise. Some observers say that the continued passage of albumen through the kidney will finally set up irritation, and true Bright's disease, but this is not supported by any satisfactory evidence, and many cases have occurred to disprove this assertion.

If, after careful examination, we find that the quantity of urine is normal, the specific gravity high, the amount of urea normal, and the absence of tube casts, etc., and can exclude accidental albuminuria, we may place the case under the class of functional albuminurias.

Hughes, in his *Manual of Therapeutics*, says "That this condition (albuminuria) may exist prior to, and even independently of renal disease is unquestionable. . . . Claude Bernard's experiment, by which irritation of nervous centres induced albuminuria as well as glycosuria, suggests the frequent remote origin in such cases. Phosphoric acid and helonias will then claim your attention."

Accidental Albuminuria.

Under this heading I must include all cases where the albuminuria arises from any affection of the passages through which the urine passes after leaving the filtering apparatus proper. Irritation of the renal pelvis from calculi, and many other diseased conditions of the ureter, bladder, urethra, or of the prostate, vagina, or uterus, may cause albumen to be present in the urine. The diagnosis can be made by means of other symptoms indicating such diseases, and microscopical examination of the urine will usually show clearly, by the presence of epithelial cells from the part implicated, the locality of the disease and the origin of the inflammatory discharge which is accountable for the albumen. I cannot now enter into any account of these conditions, but must be contented with having touched upon the causes which especially concern us in regard to the symptoms of albuminuria.

Diagnosis of Albuminuria.

The characteristics of the various conditions met with in albuminuria have been mentioned as each condition was considered. It would lengthen the paper too much to go over all these again, so, to save time, I have placed a few of the more characteristic features in the form of

TABLE SHOWING THE IMPORTANT POINTS IN THE DIFFERENTIAL DIAGNOSIS OF ALBUMINURIA.

VARIETY OF ALBUMINURIA.	AMOUNT OF URINE.	SPECIFIC GRAVITY.	ALBUMEN.	URIA.	CASTS.	DEPOSIT.	ETIOLOGY.	PROGNOSIS.	COMPLICATIONS AND CHANGES IN OTHER SYSTEMS.
Acute Nephritis.	Diminished or suppressed.	High in early stage.	Always present.	Diminished.	Epithelial blood pus.	Blood corpuscles, etc.	Cold, fever, poisons.	Complete cure. Sometimes becomes chronic.	Uremia. Convulsions. Dropsy.
Chronic Nephritis.	May be normal.	Subnormal.	Always present in varying quantity.	Diminished.	Epithelial fatty hyaline.		Cold, following acute, poisons, etc.	Cure rare. Uremia, fatal by intercurrent disease.	Increased blood tension later. Dimness of vision. Dropsy, puffiness of eyes and ankles. Uremia.
Cirrhotic.	Normal or increased pale.	Subnormal.	Slight at first, increases later, and varies with exacerbations.	Diminished.	Hyaline may occur.		Gout, alcohol, lead poisoning, etc.	Fatal by uremia or intercurrent maladies.	Blood tension increased. Arteries thickened heart hypertrophied. Hematuria. Dimness of vision — eye changes. Dropsy. Uremia.
Waxy.	Excessive early polyuria.	Subnormal, 1006 or so.	May be slight.	At first increased then diminished.	Hyaline or waxy.		Suppuration. Phthisis. Syphilis.	Cure if cause removed early. Usually grave prognosis.	Waxy intestine, liver, spleen, etc. Phthisis.
Vascular.	Normal or diminished.	High.	Varies with the condition causing it.	Diminished.	Hyaline may occur.		Impeded circulation by heart or lungs. Embolus. Thrombus, &c.	Depends on the condition causing it.	Blood tension sub-normal. Dropsy, etc.
Functional.	Normal.	High.	Absent at times — as before breakfast, etc., or present in cycles.	Normal.	None, or a few hyaline may occur.	Sudden copious deposit of phosphates or oxalates may occur.	Obscure cyclic influences. Mal-digestion. Nervous causes, etc.	Cure, or may persist for long period with no apparent danger.	Blood tension normal or sub-normal. No evidence of changes usually present with kidney disease.
Accidental.	Normal.	High.	Depends on added matter.	Normal.	None.	Pus, blood, epithelium, etc.	Addition of blood, pus, leucorrhœa, &c.	Depends on diseased condition present.	Depend on the disease present.

a table which may be of use in referring any case to its proper class.

Duration of Cases.

The presence of albumen in the urine does not give us any grounds on which to prognosticate that the patient cannot long survive. Even when the amount of albumen is large and when the signs of serious kidney disease are present, life may be prolonged for years. This can be best recognised by mentioning one or two illustrative cases. In functional albuminuria we know of nothing which would shorten the normal expectation of life. An analytical chemist in Liverpool, now aged 60, has been in the habit of testing his urine as long as he can remember, over 40 years, and finds albumen distinctly present at intervals, his health is still perfect.

Mrs. S. has had headaches and albuminuria at intervals, which disappear for months or even years. She first came under my care in October, 1890. There was albumen present in the urine. She suffered from colds, and in March, 1891, *arsen.* 3x and *ferr. muriat.* 1x were ordered, and she improved. In February, 1892, she had influenza, headaches followed, but there was no albumen. March, 1894.—Has been perfectly well, but has now one of the old headaches, urine clear, specific gravity 1020, albumen $\frac{1}{4}$ gramme per litre.

March 30, only a trace of albumen; June 27, still a trace of albumen; November 8, specific gravity 1020, *nitric acid* gave no albumen, *picric acid* a trace. The general health is good, and she is at present in good health.

Even when kidney disease is present, life may be prolonged. Grainger Stewart narrates a case of a lady, aged 48, who consulted him. She had scarlet fever at eight years of age, with bad nephritis, but recovered, and showed no symptom but albuminuria. She lived like other people—was a horsewoman, and had six or seven children, with no trouble due to the kidney lesion. When Professor Stewart saw her, she had dilated heart, and mitral insufficiency. Dropsy developed, and she died of dropsy and uræmia. This case had gone on for over 35 years.

The case I have cited of Wilfred J. (see notes in nephritis), is particularly interesting as showing what a

large quantity of albumen may be passed even during many years—as the amount has only varied slightly—without apparently affecting the health of the patient. This case has been going on for over 15 years, and the patient has grown well and strong, and himself makes no complaint of his health.

Also in this connection I may mention Dorothy B., ætat 11 years. When 2½ years old, she had scarlet fever, followed by anasarca, and the urine was found loaded with albumen. On boiling, the precipitate would form one half of the column of urine. She has been under treatment ever since, but the albumen is still present. Her health is apparently very good. She enjoys out-door exercises, and takes ordinary diet. She has had many medicines, but it is reported that none seemed to have a marked influence on the albumen.

Even cirrhotic cases may go on for many years. I would remind you of the case of W. T. B., notes of whose case I gave under *cirrhosis*. When I first saw him I thought it impossible that he could live more than a month or two; and I again mention his case to show that these cases may go on longer than we would credit, and so it is unwise to prophesy concerning them.

Waxy cases of course tend to end by intercurrent waxy disease or phthisis, and we do not expect these complications to be long delayed.

In vascular and accidental cases, the duration is usually the duration of the non-renal disease, by which the albuminuria has been caused.

(*To be continued.*)

ON HINDRANCES TO THE ACTION OF THE HOMŒOPATHIC SPECIFIC.*

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THERE are three methods by which we may increase our success in combating disease. The first is by augmenting the number and variety of our weapons, that is, adding to and further developing the *Materia Medica*; the second is by improving the precision with which we select the homœopathic specific; and the third, to which

* Presented to the Annual Homœopathic Congress, held at Leeds, September, 1895.

I invite your attention to-day, is by removing hindrances to its action.

That such hindrances exist in most cases of disease is patent to all of us, and I submit that whilst plenty of attention is devoted to the improvement of our *Materia Medica* and the manner of using it, too little notice has been given to the forces that often oppose the action of the correctly chosen remedy. It is within our experience that the carefully selected specific drug sometimes fails to relieve, we cannot tell why. We know also that the ideal results of homœopathic treatment are most often obtained in simple functional derangements. Two examples of this Hahnemann has left us, one cured by a single dose of *bryonia* and the other by *pulsatilla*. Such immediate results do not often occur in other morbid conditions. We know, too, of certain diseases that seem to offer special resistance to our remedies, and some that are usually incurable.

In considering the causes that contribute to hinder the action of the homœopathic specific, our enquiry will naturally divide itself under three heads. First, an investigation of the pathological conditions in which failure most frequently occurs; secondly, in ascertaining as far as possible the reasons why the correctly chosen remedies fail to cure under these conditions; thirdly, we may include, if time permit, a consideration of means by which these obstacles to the law of similars may be removed, and the normal relation between remedy and disease be re-established.

The first, the largest, and the most frequently occurring class of cases in which we meet with definite and specific opposition to the homœopathic action of drugs are those characterised by the presence of certain poisonous matters circulating the blood, and hence penetrating all tissues of the body. These blood poisons arrange themselves into three groups. These are (1) organised poisons, (2) organic, or chemico-biological, and (3) inorganic, or chemical. The importance of these distinctions will be evident as we proceed. All three conditions may sometimes be found in the same patient.

As examples of the first class, organised poisons, we have the specific infectious fevers, each depending upon the entrance into the blood, development, life history and decadence of its peculiar bacillus or microbe. How

much of the disease is due merely to the presence of the organised poison or microbe, and how much to the organic poison, that is the ptomaine or toxin which it manufactures, is difficult to say; both contribute to produce the symptoms. The organic poisons will be better considered separately. We have then, in specific fevers, a totally different state of things from the mere functional derangement of one or more organs which supplies us with typical examples of homœopathic action, and hence, as might be expected, we seldom obtain in the former such immediately curative effects. But for the presence of bacilli, were, for instance, small-pox or scarlatina merely caused by the disordered performance of vital functions, there is no doubt that the use of the appropriate homœopathic remedy would restore a patient directly to health. This does indeed sometimes occur, more especially in cases taken early at the first onset of symptoms; but it is the exception, and though the duration and severity of the course run by a specific fever may be greatly lessened by careful administration of the indicated remedies, and though no other method of treatment can compare successfully with this, yet as a matter of fact the system in each case has to fight out its own battle with the microbes, however much we may assist it, either destroying them or perishing in the attempt.

The degree of resistance offered to a specific remedy appears to vary not only with the kind of fever, but more especially with the period of its development. It is least at the onset, and I think usually greatest at the crisis, when the blood is most charged with bacilli and their products. In the incubative stage we have the initial period of the conflict, before the bacilli have obtained the mastery in point of numbers, and at that time the use of such a remedy, as in the healthy body produces symptoms most like the disease in question, will often determine victory, and avert the threatened attack. Hence the successful use of prophylactics, such as *belladonna* in mild scarlatinal outbreaks, *pulsatilla* in measles, and, as I have often found, *gelsemium* in epidemic influenza.

The second group of blood poisons, which are termed *organic* in contrast to *organised* (as are bacilli) chiefly consist of ptomaines and toxins which are the result of putrefactive changes, and thus are derived from auto-

infection, or by absorption from septic wounds; but it will also include the later stages of the severer forms of certain fevers. The characteristic effect of the presence of these poisons in quantity in the blood is the production of the asthenic and typhoid condition. Of so-called auto-infection we may instance the occasional results of long continued constipation, especially in old people, when the constant absorption of pent-up gases and faecal matters from the lower bowel will sometimes produce a condition of lethargy and fever which I have seen resemble an almost typhoid state. In such cases remedies chosen from the symptoms alone will disappoint us until a copious enema has relieved the bowels. Although theoretically the specific drug should relieve the constipation, I believe in this instance the paralysing effect of the blood poisons prevents to this extent the natural curative action of the medicine which is otherwise homœopathic to the condition. To immediately evacuate and cleanse the rectum is therefore to remove the hindrance to the action of the homœopathic specific, and in these causes to ensure its proper effect.

But by far the most important class of organic poisons are those which depend on the absorption of septic material from wounds and septic cavities. This constitutes the so-called *sapremia*, being a septic intoxication caused by a continued entrance into the blood of ptomaines and toxins produced by putrefactive bacteria. The now fortunately extinct "hospital fever" was due to this cause. Puerperal fever is a more familiar example due to absorption of such products from the uterus. Septic sore throats may be included here, and lastly, according to the more recent authorities, diphtheria, in which the throat becomes a septic cavity whence the system is poisoned by ptomaines. Somewhat similar conditions are met with in anthrax and carbuncle.

In all these diseases we perceive a factor which immediately hinders the action of the most carefully selected drugs, namely, the continual presence of organic poisons poured into the blood. The degree of resistance offered to remedies seems to be proportional to the virulence of the poison, the quantity of it absorbed, and lastly the length of time during which absorption has been going on. When the site of infection can be cleansed and aseptified, absorption thus being stopped, the proper

remedy will usually act at once and thoroughly, but whilst absorption continues, its action, though often sufficient to check the disease, is comparatively uncertain and weakened. Hence the great importance of local applications to the throat in diphtheria, combined with the use of the properly indicated drug internally; also of clearing out and asepticising the uterus in puerperal fever, with the local use of carbolic acid in carbuncle, and other examples. Both in these conditions, and in the later stages of the severer specific fevers, we find that when the system has been longest exposed to the paralysing effect of the organic poisons present, and the adynamic and typhoid state has supervened, the greatest difficulty in obtaining reaction to drugs occurs. Notwithstanding this, homœopathy has frequently brilliant cures to boast of even against these fearful odds, and many cases are on record which should teach us never to despair, no matter how unlikely recovery may appear to be.

The third class of blood poisons, the inorganic or chemical, will naturally fall into two divisions—those introduced into the body from without, such as accidental poisoning and over-drugging, and those manufactured from within, such as the poisons of lithæmia, gout and rheumatism. The first includes the use of antipathic or chemical remedies given in so-called physiological doses, the action of which is not homœopathic to the disease. Can these hinder the curative effects of the true homœopathic specific if simultaneously administered? If so, when are we justified in using them, especially such drugs as *opium* and its alkaloids? No one would expect a man stupefied by alcohol to re-act to a homœopathic remedy, alcoholism being a definite drug disease, surely the same must be true of *morphia*, and it is not reasonable when a patient's nervous system is more or less paralysed by this poison to expect the usual relief from specific treatment.

I recently attended a lady who for some years had suffered from severe sciatica on exposure to damp. *Morphia* suppositories, prescribed by an allopath, usually stopped the pain, and the patient used them freely. The attacks becoming more frequent and persistent in spite of carefully selected remedies, I insisted that next time

the pain appeared she should postpone using a suppository for at least four hours. Accordingly, *aconite* and *colocynth* were given in alternation every half hour. The pain was so greatly relieved that at the time specified no suppository was required. Next day she was practically well, and had no further attack for a year. The same remedies had had no effect previously, when *morphia* was used. What is true of sciatica is much more true of renal and biliary colic due to calculi. Granted that immediate relief sometimes is necessary and justifiable, I suggest that the failure to obtain benefit from drugs of which some of us complain may be due to commencing treatment by a dose of *morphia* or *codeina*. This at once prevents nature's method of relief by paralysing the nerve supply to muscular fibres of those parts on which the expulsive power to be exerted on the calculus depends. The action of the specific remedy which should accelerate this process by stimulating the expulsive efforts is also hindered, and not only so, but the free excretion of urine or bile by which attempts are being made to flush out the obstruction is checked, and from these causes combined the stone remains usually unmoved. Is it any wonder then that the effects of the first dose of *morphia* having worn off, the pain returns and a second is required? I believe such routine treatment to be as unscientific as it is sometimes disastrous, and have myself seen the *morphia* habit, with a finally fatal result, induced by it.

Allopathic drugging, as Hahnemann insisted, certainly injures the power of re-action to homœopathic remedies, and we find people who have avoided such treatment far easier to relieve than those who come straight from old-school methods to try homœopathy. Time is an important factor in the matter; but there is another, *i.e.*, the homœopathicity of the drugs taken to the morbid process. If, for instance, a case has been treated by pathogenetic or poisonous doses of medicines which happen to have been more or less similar to the disease, the patient's power of re-acting to the homœopathic specific will be far more permanently damaged than if the various drugs given had no specific resemblance to the symptoms exhibited.

In this circumstance we may probably find the reason why the modern antipyretic remedies have found favour,

to a limited extent, with some of our school; especially such medicines as phenacetin, antipyrin, the salicylates and perhaps piperazine. These drugs are certainly not homœopathic in any sense to the conditions for which they are usually administered; their action is probably chemical, and hence in moderate and occasional doses they do not appear to hinder to any great extent the specific action of indicated drugs. Though one does not advocate their use, it is less injurious than that of the opium alkaloids.

Other examples of inorganic poisons introduced into the system are chiefly those of accidental poisoning, such as arsenical wall-papers, copper from cooking utensils, lead from water-pipes, etc. The late Dr. Dunham believed that the *carbo vegetabilis* from blackened toast hindered sometimes the action of our remedies. We should remember, too, the capsicum in strong sauces and condiments, also the powerful alkaloids contained in coffee, strong tea and tobacco.

I pass now to diseases due to blood-poisons manufactured within the system. Acute and chronic rheumatism, gout and others, due to defective elimination and over-production of excreta or tissues waste appear here. Lactic acid, the cause as it is generally supposed to be of acute rheumatism, seem to oppose less hindrance to treatment than poisons producing many other morbid conditions. I would suggest that those results which lead some of us to a contrary opinion, and perhaps a few of us to an occasional use of salicylates, are not due to the opposing or paralysing effect of the lactic acid present in the blood and tissues, but rather to the remedy chosen being not so exactly the true specific as we could wish. Unfortunately, a drug whose pathogenesis shall present a perfect picture of rheumatic fever is still a desideratum. We require one that can cause the formation of lactic acid in excess in the blood and deposit it in the joints. Such a remedy would be the true specific, and we may reasonably suppose would immediately abort an acute attack of the disease. Meanwhile the effects of *aconite* and *bryonia*, with the occasional use of *lycopodium*, *mercurius*, and perhaps *thlapsi bursa pastoris*, which cover many of the most characteristic symptoms of acute rheumatism, ought certainly to enable us to hold our own against all competitors, as in ultimate

results and freedom from heart-lesions they enable us to far outstrip old school measures. Dr. Percy Wilde's novel application of heat, which seems in a sense to be homœopathic to these conditions, may well find a place here. The reason why chronic rheumatism is such a different condition from acute, is probably to be found in the many causes which slowly contribute to effect permanent tissue changes, rather than to the presence of any special poison in blood or tissues hindering the action of remedies. In every case there is probably a stage during which the appropriate specific drug will cure the rheumatic tendency if properly administered and persisted in. Those cases which become incurable are mostly such as have neglected to seek treatment soon enough, or if they do so, omit to continue it after the pains have been temporarily relieved. Then we usually have hereditary, climatic, and dietetic influences to combat. All these combining with a tendency to permanent tissue changes prove hindrances to the action of the law of similars amply sufficient to explain its apparent failure after the early stages of the disease are passed.

Very similar causes oppose the action of our remedies in that far more obstinate affection, rheumatic gout or chronic rheumatic arthritis. As to whether this disease is primarily due to some blood poison, such as may be derived from deficient elimination and morbid production of excretory products, we do not yet know, but if this is so, the poison is certainly not that which causes either gout or rheumatism. In the early stages of the complaint we often find the indicated remedy will relieve, but unfortunately rheumatic gout is seldom recognised until permanent tissue changes in joints and fasciæ have so perverted and depressed the vital functions and curative powers of the affected parts, that it is seldom any lasting relief from specific remedies can be obtained. That re-action in these patients is only abolished locally is shown by the fact that we can usually relieve their temporary maladies, such as colds, coughs, digestive troubles—everything in fact except the arthritic symptoms. The latter, which probably are only local manifestations of profound constitutional degeneration, perhaps of sympathetic nerve origin, remain less amenable to medicines chosen according to the law of

similar than possibly any other morbid condition. We must remember also as opposing causes the extreme slowness and insidious onset of the disease, coupled with the impossibility of proving drugs, with the possible exception of *arsenic*, so persistently as to discover if any have the power of inducing a similar condition. If, as some believe, the disease is of nerve origin, its resistance to medical treatment is the more easily explained, as I shall endeavour presently to show.

This leaves us with the last but not least of blood poisons, gout and its congeners. That the gouty diathesis, in which the blood is so charged with uric acid as to be ready on the slightest provocation to deposit urate of soda in the foot or elsewhere, so determining an acute attack of the disease, is a potent factor in profoundly altering and modifying every natural process in the system, we all I think will readily admit. Most of us find that the action of remedies in this disease, though apparently well indicated by the symptoms, is modified in the same degree. Lack of knowledge of this fact, and its practical application, has caused the condition to be rather a bugbear with some homœopaths, and sometimes has brought discredit on our methods. I will quote two authorities on the subject. Dr. Hale, of Chicago, in his recently published *Practice of Medicine*, says, after mentioning *aconite*, *veratrum viride* and *arnica* as sometimes beneficial, "all the other remedies mentioned in the text books are useless." Dr. Hughes (*Manual of Therapeutics*, 2nd edition, vol. I., page 136) tells us, "I have tried all the remedies which seem indicated, or have been recommended, in the various dilutions, and have never been able to trace any decided benefit to their use." These views certainly refer more particularly to the acute paroxysms of the disease, but are they not frequently true of the many symptoms and maladies to which gouty people are subject? Who of us have not at times hunted up the simile to some persistent but obscure pain, or to a train of digestive symptoms, or to a cough, or relaxed throat, or some other of the hundred and one complaints with which gouty patients are so fond of coming to us, only to be disappointed in our choice of a remedy? What then is the method by which we can expect success in such conditions? The answer is, by eliminating the gout poison and checking its production.

For this purpose we have a number of remedies which produce symptoms closely resembling those habitual to the gouty diathesis, and hence are truly homœopathic to it. Such are *sulphur*, *lycopodium*, *mercurius*, *arsenicum* and *benzoic acid*. Without these, symptom-covering in gouty patients is usually a failure.

The power of relieving true gouty symptoms after removing the poison, and the difficulty of doing so until this has been effected, offer a striking contrast to the conditions that obtain in rheumatoid arthritis, where, as I pointed out, we can relieve all other symptoms except the arthritic ones, thus confirming the nerve theory of origin for the latter disease.

With gout ends the list of the more important blood-poisons as hindering the action of specific remedies, and a consideration of the facts I have brought forward may account for the occasional failure of many an apparently correctly chosen prescription. To my mind they explain the great difference shown in the action of homœopathically chosen drugs in purely functional disorders, and the behaviour of medicines apparently as well indicated in cases when the blood is charged with poisons such as I have described. We may, perhaps, go a little further into the matter by acknowledging that in these cases the remedies cannot, as a rule, be so strictly homœopathic to the morbid condition as in simply functional derangements. The pains experienced by the provers of *bryonia*, for instance, were not produced by excess of lactic acid in the blood and tissues, neither were the stupor, fever and gastric symptoms of *baptisia* due to the presence of toxins such as those by which the typhoid bacillus induces its characteristic symptoms. On the other hand, in mere disorders of function, we have probably a closer similarity between the drug disease and the morbid process; and we may suppose that in Hahnemann's classical washerwoman an over-dose of *bryonia* in her normal condition would have produced a gastric disturbance practically identical with that which was cured. We may remember also that drugs, in initiating or accelerating the natural process of cure, have but a small part to play in those functions, the total performance of which forms the outward evidence of life; and since each is absolutely dependent upon the blood, it is only to be expected that curative as well as normal

physiological processes should be hindered or accelerated according to the condition of the vital fluid.

We now consider those conditions in which the action of our remedies is opposed through diseases being grafted upon an unhealthy diathesis or hereditary dyscrasia. This will include the disorders of which Hahnemann treated in his *Chronic Disease*. All practitioners know the difficulty this opposes to successful treatment. The late Dr. Fothergill, in his *Practitioner's Handbook of Treatment*, p. 295, has made the following observation, "there are few things of more importance in actual practice than a fairly good appreciation of the varieties of diatheses and the tendencies given by each." When in a difficulty, he advises his readers to "treat the diathesis." The importance of a knowledge of the constitutions of patients has long received popular recognition in the traditional value placed upon the opinion of the family physician, who is supposed to "know the constitution" of his patients, several generations of whom in the same family may have been treated by him.

We may sometimes, I think, be in danger of neglecting this important matter, especially when few accept Hahnemann's theory of chronic diseases in its entirety, and so are apt to forget that his methods were not really dependent for their success upon the views he held on that subject.

With regard to Hahnemann's advice as to treatment, we can best appreciate its value by the explanations which modern pathology gives of the chronic diatheses. These, as usually accepted in the light of our present knowledge, are : (1) the arthritic, which, however, I have preferred to treat as a blood-poison ; (2) the strumous or tubercular ; (3) the syphilitic, more especially when hereditary, or of the late tertiary type, secondary affections coming under the blood poisons ; (4) the bilious ; (5) the lymphatic ; (6) the neurotic ; and perhaps (7) the hæmorrhagic.

In all these constitutional conditions, we find that various trivial maladies, which in the otherwise healthy are speedily cured, are apt to assume graver proportions, often becoming chronic, and seldom yielding to the apparently indicated remedy until the diathesis has been specifically treated. The distinct hindrance which each

variety of dyscrasia opposes to the action of homœopathic remedies may be largely traced to the generally lowered tone of vitality which pervades every function performed by such systems; this necessarily modifies by its effects the process of cure. Such people, as it is popularly said, lose the power of throwing off a malady, their coughs and colds stick to them. In addition to this fundamental defect in their constitutional powers, we may discover three subsidiary causes, which in various degrees, adversely modify their power of reaction to drugs: first, the extent to which the taint is hereditary, secondly, the low type of inflammatory or degradation changes to which their tissues are more or less usually liable; and, thirdly, that abnormal susceptibility to changes of environment which is so characteristic of the subjects of these diatheses.

In the practical management of chronic cases, the length of time during which, to be successful, treatment must be continued constitutes another difficulty. Hahnemann's remarks on this subject are significant; we read "one or two years ought to be considered a short treatment. In young, robust persons half this space of time is sufficient; in older people this period has to be considerably prolonged."* Evidently the methods of those whom we hear of as curing patients in a few weeks by one or two doses of exceptionally high potencies, were not anticipated by Hahnemann. It must not, however, be thought that this demand for time is peculiar to homœopathic treatment. I will take an example from the old school. Anæmia with amenorrhœa is a very chronic condition with young girls, especially in the Midlands and manufacturing districts, and being often engrafted on a strumous diathesis, its treatment is so much the more difficult. Probably few have treated more cases of this complaint than Mr. Lawson Tait, of Birmingham. In his book on *Diseases of Women and Abdominal Surgery*,† after describing the method of cure as "very simple and perfectly certain," he speaks of "the twelve months to which I always bind these cases before I will undertake them." In anæmia probably we could give as good

* *Chronic Diseases*. (Hempel) vol. 1, p. 173.

† Vol. 1, p. 284.

results in a shorter time, and I can recall one of Mr. Tait's cases afterwards coming to me unrelieved, to be cured in one month by *pulsatilla*.

Chronic diseases, Hahnemann believed, were sometimes rendered incurable by allopathic drugging. This seems possible, when we consider that in these cases three superimposed diseases would occur; first the constitutional taint; next, the affection that has become chronic; and then the drug disease. Patients that have had little drug treatment are certainly more easily cured by homœopathy.

Other obstacles to treatment mentioned by Hahnemann in the *Chronic Diseases*, are suppressed sexual appetite, the effects of grief and vexation, the frequent use of mineral baths, and the abuse of spirits. He also mentions malarial influences as being "one of the most powerful excitants of the psoric miasm." This reminds us of two facts; first, the frequency of skin affections on exposure to cold or damp in subjects of the arthritic diathesis; secondly, the great susceptibility to unhealthy exhalations from drains, or decaying organic matter, exhibited by those whose constitutions are tainted. Cannot some of us look back to one or more failures of what we confidently prescribed as the specific remedy in cases which, if we had remembered this fact and changed their environment, might have redounded to our credit?

The not infrequent occurrence of two dyscrasiæ in one individual, such, for instance, as syphilis in a subject of strumous diathesis, requires some notice. This complication is responsible, according to Sir James Paget, for those fortunately rare effects of tertiary syphilis seen sometimes in destruction of the facial bones. In our own school, Goullon, in his work on *Scrofulous Affections*,* referring to ozæna, speaks of "the obstinacy of the disease, frequently defying all therapeutics," and he says he "is inclined to infer that both diseases (ozæna and ophthalmia neonatorum) belong perhaps to scrofulous affections, modified by syphilitic antecedents." Goullon further qualifies his remark on the incurability of ozæna by the wholesome observation, "ozæna is apt to show a very malignant character, but that the want of

therapeutic success is owing to homœopaths rather than homœopathy."

Of other diatheses, the bilious and lymphathic are perhaps not so generally recognised nor so difficult to manage as some. The neurotic is, however, one of the most important of all. In the neurotic class, I would include all those who exhibit a tendency to the various forms of disease which perverted nerve-action initiates and maintains. These are usually characterised either by sudden explosions of nerve-force, of which epilepsy, convulsions, and true asthma are examples, or a more continuous display of symptoms having a similar origin. These we meet with in hysteria, neurasthenia, dysmenorrhœa, and their many varieties.

These nerve-diseases are of course not only seen in those who can be classed as neurotics. They are seldom met with, however, in persons whose family history excludes all suspicion of hereditary constitutional taints, and they are most frequently exhibited where we have a super-position of type, such as in the offspring of a strumous mother and an epileptic father.

Nerve disorders, such as these, in neurotic persons, offer a more pronounced resistance to homœopathic specific treatment than is met with in any other class. Where the nervous affection is implanted on a strumous, specific or other diathesis, we can often do good by treating the more amenable constitutional taint. But when we are left to treat a pure idiopathic epilepsy in an otherwise unblemished system it is seldom that the apparently indicated remedy answers to our expectation. Does not this reluctance to yield to treatment that all nerve affections of this general type exhibit, suggest an explanation which may throw light upon the action of the "law of similars"? If homœopathic remedies act by supplying a curative stimulus to the nervous system, more especially to the sympathetic nerves, rather than by any biochemical or nutritive process carried on by the blood, an explanation of the difficulty of curing epilepsy and neurotic disorders immediately suggests itself. The continual and uncontrolled streams of perverted nerve force, exhausting the cerebro-spinal and sympathetic systems of that very quality or power by which alone they can re-act to the medicinal stimulants

applied, must be strongly inimical to the action of the most carefully selected specific remedy. Does not this, too, suggest that if by any chemical or physiological means we could temporarily control the nerve-storms, homœopathic remedies might meanwhile have a better chance of doing good?

This idea may explain why whooping-cough in specific fevers, and tetanus from injury, both microbic diseases, offer special resistance to treatment, since the ptomaines or blood poisons they produce have the curious quality of provoking violent explosions of nerve force, the former in the laryngeal nerve supply, the latter of the spinal cord.

Time forbids reference to the neoplasms. The views I have brought forward, show the difficulties that might be expected to oppose their successful treatment. In advanced phthisis, impaired oxygenation of the blood with destruction of vital tissue, is added to the general condition of ptomaine poisoning. In tumours, Dr. Burford has pointed out the lack of nerves through which nutrition is controlled as a cause of their malignant growth. In very early stages, cancer will sometimes yield to treatment, as does phthisis; this is admitted by Hutchinson, Kidd, and many of our colleagues.

To recapitulate the forces we have noticed as most opposing the action of the homœopathic specific, we have :—

(1). The presence of infective bacilli, morbid products, chemical and other poisons, and any quantity in the blood.

(2). Constitutional taints and diatheses.

(3). Unhealthy environment.

(4). Destruction or permanent alteration of tissue in any vital organ.

(5). Sudden or continued perversion of nerve-force, especially if establishing a morbid habit of discharge along some particular nerve-tract.

(6). Exhaustion of re-active power by previous long dosing with drugs in pathogenetic doses.

(7). Any combination of two or more of the preceding conditions.

In conclusion, I must express the astonishment that has filled me at the marvellous manner in which the law of similars enables us to relieve often most hopeless cases

in the face of such fearful odds as we see oppose its action, also gratitude to the all-wise Creator who has provided so wonderful a method of cure. May the study of this subject enable us to remove more successfully these obstacles to specific treatment that so often hinder our efforts.

REVIEWS.

The Practice of Medicine. By WM. C. GOODNO, M.D., Professor of Practice of Medicine in the Hahnemann Medical College of Philadelphia; with sections on *Diseases of the Nervous System.* By CLARENCE BARTLETT, M.D. Vol. ii. Philadelphia: Hahnemann Press. 1895.

It is only a few months since we received and drew attention to the first volume of this important work. The present volume deals with diseases of the circulatory, respiratory urinary and digestive systems; diseases of the blood and constitutional and parasitic form of diseases. Before the various cardiac diseases are discussed separately a short chapter on "The Therapeutics of Cardiac Affection" is given; four classes of drug agents are mentioned, cardiac stimulants and depressants and those causing dilatation and contraction of blood vessels. After this the remedies are dealt with individually and in detail—not in alphabetical order but in order of frequency of usefulness. The author does not fear to recommend the occasional use of "physiological whips" (*e.g. digitalis, strophanthus, strychnine*, etc.) in some cases. Our own experience supports him in this. Rest, combined with electricity and massage is strongly advised at the beginning of dilatation, while "the Oertel plan of systematised exercises upon ascending planes proves," it is said, "valuable in some cases." The fame of the Nauheim treatment appears to be unknown to Dr. Goodno.

The chapter on the respiratory system we consider of especial practical value. Although it cannot be said to be exhaustive, it is as complete as a text-book of this kind demands, and the medicinal treatment recommended is evidently not borrowed from well-worn symptom lists, but is the result of the author's own observations. If we were to make any suggestions, they would be the following slight ones: First, that the omission of *belladonna* as a remedy for pleuritis (with its "key-note," *aggravation* from lying on the painful side) is a misfortune; secondly, that empyema (puru-

lent pleurisy as it is here called) deserves more space. It occupies only two-thirds of one page; the diagnostic points are inadequately given; its frequent association (when primarily purulent) with influenza is not mentioned, as far as we noticed. We think more clear indications might have been given for the necessity of resection of rib and drainage, and that emphasis might well have been laid upon the importance of subsequent lung exercises to counteract the tendency to contraction.

There is an admirable chapter on Nephro-lithiasis; a somewhat scanty one on the Examination of the Urine; and a very complete one on Displaced Kidney. Altogether the urinary system chapter is very useful and creditable.

Appendicitis, a disease "made in America," receives its full share of attention. A fair list of useful medicines is given. The author's view is, that if possible, a quiescent period for operation should be waited for.

Diabetes mellitus is classed under the head of constitutional diseases, as it should be.

The whole volume has given us pleasure to look over, and we have noticed exceptionally few printers' errors. The character of this second portion is fully equal to that of the first volume, and we congratulate author and publishers in having produced a useful, creditable, and modern work.

NOTABILIA.

HOMŒOPATHY IN OREGON, U.S.A.

THE hospital at Portland in this State has been organised for seven years. During that time it has been officered by non-homœopathic physicians and surgeons. The homœopaths have repeatedly endeavoured to obtain a share in the working of it, and have as often failed in the attempt. Within the last three months, however, they have secured *all* the medical and surgical appointments. Dr. Osmon Royal, a graduate of the Boston University, is the chief of the staff.

The hospital is one accommodating between 60 and 70 patients. It is a fully equipped building, standing in five acres of ground, and is beautifully situated within the city limits. We congratulate our colleagues on this very satisfactory result of their patience in waiting, and their success in convincing the subscribers of the superior value of homœopathically chosen remedies in the treatment of the sick, over the therapeutic methods which, at present, have the confidence of the great bulk of the profession. We shall look forward with interest to their demonstration, within the walls of their hospital, of this superior value.

THE ANTIDOTE TO CARBOLIC ACID.

DR. EDMUND CARLETON (New York) writes:—"Probably there are more accidental deaths from *carbolic acid* than from all other poisonous drugs combined. The writer makes this estimate from newspaper reading, never having attempted any compilation of exact statistics. At any rate, the tragic story has been of late repeated with startling frequency. When the number of deliberate suicides from *carbolic acid* has been added to the foregoing, the total is so large that it demands attention.

"What shall be done in case of accident from it? For a long time the profession stood helpless. Even now a majority of physicians are ignorant of the antidote. On two occasions the writer has brought this to the notice of his professional brethren, and thus spread knowledge which should be taught in the colleges and become common property.

"The antidote to *carbolic acid* is simple, and to be had in every well ordered household. Knowledge of its specific worth came by accident. One day while making some experiments with the pure acid, an unlucky movement sent two ounces of it upon my hand. In about two seconds I had it under a stream of water and washed it well, but to no purpose, it became white and numb. There seemed to be no escape from the usual result—desquamation and slow recovery of the sense of touch. But the odour was persistent and unpleasant. In the belief that it might be changed thereby, a servant was sent to the kitchen for a cup of cider vinegar. While bathing and rubbing the affected parts with vinegar, what was my amazement to behold a complete restoration of colour and function! In five minutes nothing remained in evidence except the modified odour.

"That was the beginning. Numerous clinical verifications were obtained later, but considerable time elapsed before evidence was obtained as to the antidotal action of vinegar when the mucous membrane was affected. It came from our colleague, C. S. Kinney, M.D., and this is his communication:

'HOSPITAL FOR THE INSANE, MIDDLETOWN, N.Y.,
'DECEMBER, 1893.

"At seven o'clock in the morning of August 4th, 1884, a nurse called me to see a man who had swallowed some *carbolic acid*. The patient was found with his lips, mouth and tongue coated white where the acid had touched them, and the strong characteristic odour of the acid was present. He was at once given a half cup of vinegar diluted with an

equal amount of water, and this followed in a few moments by a second dose of vinegar and water. As the time hung heavily on my hands while waiting for the stomach pump, the patient was given some milk, which he willingly drank. The odour and the discolouration from the acid had disappeared from the patient's lips, mouth and tongue on taking the vinegar and water, and on using the stomach pump no odour from the liquid that was pumped from his stomach could be detected. After the stomach had been carefully washed out the patient was fed with hot milk for several days, and no further symptoms developed.

“ ‘It was not until May, 1887, that I saw in the *Homœopathic Recorder*, an article which had been presented before the International Hahnemannian Association by Dr. Edmund Carleton of New York on the use of vinegar as an antidote. I have always thought I was indebted to him for the knowledge of this action of vinegar, as my acquaintance with Dr. Carleton antedated my use of vinegar as an antidote of *carbolic acid* by a number of years, and I may have heard it from him. Since seeing his explanation for the use of vinegar as an antidote for the acid, I have had an opportunity to test its efficiency in a number of instances, and have always found it to be reliable in every particular, and in no instance where the vinegar has been used within a few moments has there been any eschar formed.’

“ That completes the chain. Cider vinegar is the antidote to *carbolic acid*. It is a fair inference that *acetic acid* of the shops will produce a similar action. Experiment will show.

“ Not wishing to divert attention from the subject presented, I nevertheless would like, in addition, to mention a hint received from observation of the pure effects of *carbolic acid*. It is a hint in the direction of materia medica and therapeutics, and is this: The bleaching and anæsthesia are somewhat similar to those of leprosy.”—*New York Medical Times*.

A HOMŒOPATHIC CHEMIST WITH AN AMERICAN DEGREE.

MR. LUXMOORE DREW held an enquiry at the Vestry, Kensal Road, on November 9th, with reference to the death of Montague James White, aged two months, the son of a shop-assistant who died on the previous Sunday. The mother deposed that on October 28th she took the child to “Dr. Allen,” who gave her medicine after examining the baby, and charged her 1s. for it. On Wednesday week she again took the child to his shop, when he remarked that it was in a prostrate condition, and she would have to get medical attention at home. Believing him to be a fully-qualified man she asked him to call,

which he did. On Sunday, when she sent for him again, the child was dead. The next day he gave her a certificate, which the Registrar refused. Mr. Henry Allen was called, he said he resided at 521, Harrow Road, and had been a chemist and druggist since 1868, and had practised homœopathy since he was 16 years of age. He had not an English doctor's diploma. He invariably told people that he was not a qualified man, but that he practised homœopathically, and believed he could give a certificate. He had attended the lectures at the London Homœopathic Hospital for three years and obtained their certificate of proficiency, although he admitted that was not a recognised school of medicine. He had read and gained his knowledge, but had never seen a *post-mortem*, and could not say he had ever seen a human lung or other internal organ. He had never been to America, but had been granted the honorary degree of M.D. of Cincinnati. Dr. C. J. Beattie, of 411, Harrow Road, who had made a *post-mortem* examination, said that all the organs in the chest were perfectly healthy, and that death was due to exhaustion from irritation of the stomach from improper feeding. There never had been congestion of the lungs and the beef-tea ordered by Mr. Allen whilst the child had diarrhœa would make it worse. There is nothing to negative the fact that the child would have had a better chance of living had it been properly and medically attended. The jury in their verdict exonerated the parents from all blame, and censured Mr. Allen. They left it in the Coroner's hands to forward the facts of the case to the proper authorities.

The foregoing report, which we extract from *The Chemist and Druggist* of the 16th November, requires some remarks from us. The degree in medicine, which Mr. Allen obtained from Cincinnati, was not from a *Homœopathic* Medical College, but from one termed *Eclectic*; a sort of institution which differs only from an allopathic or so-called "regular" school in that its professors are usually of a very inferior medical and general education. It is true that Mr. Allen attended the lectures at the London School of Homœopathy on *Materia Medica* and the *Practice of Medicine*, and that he received certificates of having done so, but nothing intimating or suggesting that he was qualified to practise medicine.

TANACETUM FOR EPILEPSY.

DR. W. H. PIERSON reports the case of a woman who took a couple of drachms of *oil of tansy* to produce abortion. It failed, but throughout her pregnancy she suffered from con-

vulsions, mixed tonic and clonic, characterised by frothing at the mouth and clenched hands, with the thumbs in, and followed by exhaustion and a short coma. Since then he has treated every case of epilepsy in his practice with drop-doses of fl. ext. tansy on sugar, 4 t. d., with marked relief. The young woman has had no relapse for a year and a half, and has been able to resume work—book-keeping.—*N. A. Journal of Hom.*, October, 1895.

PASTEUR.

At the commencement of the meeting of the Société Française d'Homœopathie, on the 9th of October, Dr. Marc Jousset, Vice-President, in the chair, said: "Gentlemen, before passing to the order of the day, I think that I ought briefly to refer to the great *savant* who has recently died. Pasteur was not a homœopath; it is even probable that the point of departure of his researches proceeded neither from homœopathy nor from our works; at the same time it is perfectly true that the therapeutic results he arrived at, particularly with regard to hydrophobia and diphtheria, present a sufficiently striking analogy to two of the great principles of homœopathy, the law of similars and the small dose. In curing hydrophobia by preparations derived from spinal cords of animals suffering from rabies, diphtheria by a serum prepared with the toxines of diphtheria, Pasteur went beyond homœopathy, he went to isopathy; this was then, absolutely, an application of the law of similars, the foundation of the Hahnemannian reform. In using the rabic virus attenuated by its passage through animal organisms, in employing a serum prepared with diphtheritic toxines attenuated in a particular manner, Pasteur made something analogous to our dilutions. The Société Française d'Homœopathie ought, then, to extol his memory, and to render to him the tribute of admiration of which he is worthy." *Revue Homœopathique Française*.

MICROBES.

According to the *Mercredi Médical*, Max Edel, a German bacteriologist, took a bath, and then examined the water for microbes. He found it contained five billions eight hundred and fifty million micro-organisms. After a bath of one foot only, he estimated the number of microbes at one hundred and eighty millions. The question suggested to a contemporary from which we derive the above information is, when did Dr. Edel have his previous bath?—*Medical Reprints*.

THE DANGERS OF ARTIFICIAL LEANNESS.

FAT men, do not try to make yourselves thin. It is thus that Professor Eulenburg of Berlin adjures you in one of the last numbers of the *German Medical Weekly*. It is not that he would advise you to persist in your obesity, but he has discovered that all the means that you may employ to be rid of it would have the effect of ruining your health and even shortening your life. Against all these he would place you on guard. For example, he is indignant that permission should be given to German druggists to sell, without an order, to the first comer, tablets and potions which might, perhaps, cure obesity, but which injure the organism and produce grave troubles of the nerves and the blood, for all of them contain some poison, and it would be much better to be fat and healthy than a lean valetudinarian. Among other examples of the disastrous effects of the cures of obesity, Dr. Eulenburg cites the case of a well-known dramatic artist, who, not content with the opulence of form which nature had given him, became so thin that he died in consequence. But it is not the treatment alone that is dangerous. Scarcely has the man the opportunity to enjoy his diminishing obesity, before disquieting symptoms begin their appearance, his humour alters, he becomes nervous, impressionable, and from day to day he has no more the feeling of being in his natural state.

Here is the sad experience of a rich banker of Berlin : "On ceasing to be obese, he lost the calm self-possession, which was the basis of his character. An unhappy irritability affected him, and made him as unrecognizable from a moral point of view as he had become physically. This was soon followed by other more profound trouble of the organism. What prevented him from being a man of influence and force of character, may be judged by the anecdote that is reported of him by the *Berliner Tageblatt*. His cure had so completely and so suddenly delivered him of his obesity, that all who met him were amazed, and that twenty times a day he had to repeat the regimen he had pursued. So, in order to escape this tiresome repetition, he conceived the ingenious idea of printing on a square piece of paper the detailed history of his cure. So when he was asked in the street how he had been delivered from his fat, in place of answering he took from his pocket the printed paper and made his friend read it.

This anecdote is amusing, and the invention of the Berlin banker is sufficient of itself to make excuse for all the cures against obesity. This practical man has realised by instinct the dream of our dearest French poets, and has inaugurated the method of ideal suggestion, that consists in exchanging,

upon all subjects, small strips of paper on which are written ready answers in advance. But the medical suggestions of Professor Eulenburg are nevertheless of a grave character. It seems to be clearly proved that we cannot make ourselves thin with impunity. Nature creates the fat and the lean, and it is the part of wisdom for one and the other to resign themselves to their condition. But just here humanity seems to fail, and it is to be feared that the most serious discoveries, as well as the most dangerous advertisements, will fail to prevent people who are too fat from making themselves thin, no matter how. Why did not Professor Eulenburg, instead of discovering the dangerous chemical properties of the remedies for obesity, try to discover that obesity was graceful, and more beautiful than the opposite state. Upon this condition alone would his advice be heeded. And after all, who can prove the æsthetic superiority of the thin over the fat? That's but a matter of fashion, the result of a new taste, that may change from one year to another. Is it not time to honour the ancient ideal of fat beauty? Would it not prevent the disastrous effects of all the remedies for obesity?—*New York Medical Times*.

HYDATIDIFORM MOLE AND MALIGNANT DECIDUOMA.

FRAENKEL (*Archiv. f. Gynäk.*, vol. xlix., Pt. 3, 1895) has recently added to our knowledge respecting the malignant changes which sometimes take place in the uterus after gestation. Undoubtedly malignant deciduoma is often, on clinical evidence, associated with hydatidiform mole. Small portions of a mole of this class usually remain behind after the greater part has been expelled. The superficial epithelial layer (syncytium) of the chorionic villi proliferates considerably when a vesicular mole develops. It is precisely from this abnormal development of epithelium that the cancerous change known as malignant deciduoma is evolved. The deeper cellular investment of the chorionic villus (Langhan's layer), according to Fraenkel, takes no primary part in the development either of the mole or of the cancer.—*Brit. Med. Jnl.*

DISASTROUS RESULTS FOLLOWING WHITEHEAD'S OPERATION FOR PILES.

ANDREWS (*Columbus Medical Journal*, vol. xv., No. 3, 1895), has secured the opinion of a large number of surgeons, both in this country and Europe, in regard to the disastrous results that are apt to follow Whitehead's operation. The replies include two hundred cases, of which the following is a summary:—

Loss of the special sense by which the patient should be warned of evacuation and enabled to prepare for it, eight cases; incontinence of flatus and fæces, twenty-three cases; paralysis of the sphincter, four cases; chronic inflammation of the rectum, one case; failure of union of the wound by first intention, with retraction of the edges of the wound, forming a contracting tubular ulcer with stricture, nine cases; other ulcers, two cases; irritable and painful anus, twelve cases; eversion of the mucous membrane, four cases; neuralgia of the pelvic and inferior extremities, two cases; general neurasthenia, one case; fatal peritonitis, one case; non-fatal septic results, five cases; fistula in ano, one case; reported as having bad results without accurate description, 127 cases; total, 200.—*Therapeutic Gazette.*

OBITUARY.

AMOS RUSSELL THOMAS, M.D.

WITH very much regret do we learn from *The Hahnemannian Monthly* of the death, after a lingering illness, on the 31st of October last, of Professor Thomas, of Philadelphia, one of the pillars of the Hahnemann Medical College in that city.

Descended from Welsh ancestors, who were among the earliest settlers in Massachusetts, Dr. Thomas was the son of an officer, who served under General Jacob Brown in the Northern frontier in the war of 1812.

Born in Watertown, N.Y., in 1826, he drifted into medicine, after engaging in agricultural pursuits, then in educational work, and later in business in Ogdensburg, N.Y., a mode of life which he found utterly uncongenial. When there, he obtained an old Indian skull from some excavations made near to his place of business, and borrowed a book on anatomy in order to study it. The work so interested him that he abandoned business, and commenced the study of medicine at Syracuse Medical College, from which he graduated in 1854. Going to Philadelphia he attended a course of lectures at the Pennsylvania University, and subsequently took the M.D. granted there. He was at once appointed demonstrator of anatomy in the University, and retained the position for ten years. In 1856 he was made Professor of artistic anatomy in the Pennsylvania Academy of the Fine Arts, a chair he filled for fourteen years. In 1863 he was appointed to a similar chair in the School of Design for Women, holding that for eight years. After the second battle of Bull Run, one of the earliest engagements of the civil war, he volunteered as surgeon, and was appointed to a position in the Armoury Square Hospital at Washington,

where he remained in charge of one of the wards until the wounded from that disastrous field had been cared for. Returning to Philadelphia, he resumed his practice. Shortly afterwards he engaged in an examination of homœopathy, which led to his adopting that system of therapeutics. In 1867 he was called to the chair of anatomy in the Hahnemann Medical College of Philadelphia. This he filled for more than a quarter of a century. "As a lecturer on anatomy," says our contemporary, "Dr. Thomas was remarkably clear and accurate, and his impressive manner at once attracted and retained the close attention of the student." He was indeed a consummate anatomist, and during his entire professional career was a teacher of anatomical science. In May, 1894, the alumni of Hahnemann College, Philadelphia, recognising his eminent services as a teacher, raised a sum of five thousand dollars, and therewith endowed in the Hahnemann Hospital of that city "The Amos Russell Thomas Free Bed."

To the College in which he was a Professor, he rendered services of incalculable value. When some twenty years ago disputes and dissensions occurred among those who were responsible for the management of the institution, it was largely due to Dr. Thomas' kindly, conciliatory spirit and his courtesy to every one, that harmony was brought about; while his appointment as Dean placed in his hands power, which, wisely used, has resulted in the College being not only magnificently housed with four great buildings for hospital purposes, but having its educational facilities greatly increased, the course of study for its degree lengthened, and its standard of requirements for graduation elevated. "Hahnemann College and Hospital in Philadelphia," says the *New York Medical Times*, "makes a fitting and superb monument to his efforts and fidelity."

Dr. Thomas' reputation as a surgeon was great, and his superior surgical ability has been fully recognised by the entire medical profession of Philadelphia for very many years past.

His only son, Dr. Charles M. Thomas, is the well known Professor of Ophthalmology in the College, and, like his father, is a surgeon of exceptional talent.

We heartily sympathise with our colleagues in the loss of one who was in so many ways a source of strength to them in advancing the interests of medicine and surgery. We feel sure that one and all will warmly cherish his memory, be stimulated to increased efforts by his example, and ever strive to carry on the good work to which he devoted so much skill and energy, and in which he achieved such a large measure of success, with that sound judgment and discretion for which he was so justly distinguished.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I am anxious to ascertain the opinions held by homœopathic practitioners upon the subject of what the orthodox term "professional advertising"; by this term is indicated the action of medical men who ventilate their opinions on medical and surgical topics of general public interest in the non-medical press; and the writing of popular works dealing in untechnical language with matters of health and hygiene; at the recent Congress of the British Medical Association, under the section of "ethics," one member read a paper which was much praised, in which he included even the delivering by medical men in their leisure hours of popular science lectures illustrated with the optical lantern, and the delivery of ambulance lectures!

It appears to me grossly unfair to forbid medical men from taking part publicly in any work by which the general knowledge of science, medical or other, is increased; many medical men by their training, and by natural gifts, are specially well fitted for such work; whilst in the matter of writing in the lay press the public want to know who they are reading, and what authority the writer has for his statements; if a man has something to say to the public to their advantage, and has not the courage to sign his name to his communication, the public naturally think less of the importance of the matter; whilst the man whose opinion is not of weight also deceives the public into imagining that they may be reading the statements of some better man if he writes under a *nom de plume*.

Is not the extremely unapproachable position taken by the profession in these matters rather a thing which savours of "mystery mongering"? Surely we may now-a-days take the general public into our confidence, and not treat them as unfit to discuss with us matters of science, and points which are of general interest? I think that the general impression made upon the public mind by our delicate "ethics" is one distinctly adverse to our interests; we claim to be so very superior and dignified that the effect becomes a little pompous and ridiculous.

Yet we see the General Medical Council drawing in under their elastic term "infamous conduct in a professional respect," even the writing of letters upon medical topics in the lay press, and the writing of popular medical books; the result is that men who have important topics to talk about, and know how to talk about them, either refrain altogether or do not dare to sign their names to their communications.

At the same time, the men in authority say nothing against all the petty social "koo-tooings" and numerous even less "dignified" methods of self advertisement which are freely employed by many medical men; some of these methods being of the most degrading kind.

I am most astonished at the idea that a man who helps his fellow creatures by giving popular scientific lectures, without fee or reward, should be termed a professional advertiser; having sinned in this way very freely for many years, I am rather anxious as to the possible results; whilst the writing of popular medical books will ere long be also laid to my charge; if, however, the homœopathic body look upon their duty to their fellow men in a more liberal spirit, I and others in my position will doubtless throw away our fears, since it is to the homœopaths we owe our allegiance first.

Yours obediently,

GERARD SMITH, M.B.C.S.

37, Gloucester Place, W.

Nov. 7th, 1895.

A MATTER OF TASTE.

To the Editors of the "Monthly Homœopathic Review."

SIRS,—Whatever difference of opinion there may be as to the advisability of having a Homœopathic Directory, there can be none, I think, as to the want of taste shown by the British Homœopathic Society in issuing a list of members procurable by the public. The Society while called upon to propagate the scientific principles of homœopathy, has no right whatever to favour, or appear to favour, any set of practitioners.

Very truly yours,

ROBT. T. COOPER, M.D.

3rd November, 1895.

[We do not intend to continue discussion on the subject of the Directory.—Eds. M.H.R.]

DR. PURDOM ON THE TREATMENT OF DIPHTHERIA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In the practical and useful article by Dr. Purdom on diphtheria, published in your December issue, the doctor, writing on the curative power of *mercurius cyanatus* in this disease, unfortunately makes use of the following words:—"I believe from the allopathic use of the same

remedy we may get good results, as in these two cases, from a strong trituration such as 2x when 3x or 6x might fail us."

Now, of course Dr. Purdom does not mean to convey the opinion that he treated "these two cases" allopathically, or that *merc. cyan.* is allopathic to diphtheria, or that "strong triturations" would make it so. It is an unfortunate expression, because he knows perfectly well that if *mer. cy.* is really allopathic to diphtheria the 3x or 6x or the 30th or even the 200th would not make it homœopathic; and if homœopathic—which it really is—"strong triturations such as 2x" do not make it allopathic.

Though the dose is a matter of importance, neither large nor small doses make the medicine allopathic or homœopathic to any disease as Dr. Purdom very well knows; and were it not that your excellent journal is read by many who have not clear ideas on this subject it would be unnecessary to take notice of the unfortunate expression.

Yours truly,

Birkenhead,

JOHN W. HAYWARD.

December 10th, 1895.

DISHONESTY THE BEST POLICY!

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The enclosed copy of a prescription speaks for itself; it was sent me by a medical friend—not a professed homœopath—who tells me that "the writer is a well-known 'allopath' and a member of the British Medical Association who publicly sneer and jeer at homœopathy."

However that may be he evidently thinks that he has discovered the secret of our attenuations, which is, "mark" the bottle with the desired number and the thing is done!

R Tr. Rhus Tox 3 ss.

Signa

Tr. Rhus Tox 3.

℥ iij. ter in die ex aquâ.

R Tr. Actææ Racem 3 ss.

Signa Tr. Actææ Rac. 3.

℥ iij. ter die ex aquâ.

in alternati.

Believe me, yours faithfully,

FREDK. NEILD.

Belvedere House, Tunbridge Wells,
December 17th, 1895.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY.**

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Dr. PURDOM and Dr. DÉLÉPINE (of Croydon), formerly in partnership, are now practising independently.

Communications have been received from **Messrs. GROSS AND DELBRIDGE COMPANY** (Chicago); **Mr. R. MICHAELIS** (Leipzig-Rendnitz); **Messrs. OTIS CLAPP & SON** (Boston, Mass.); **Dr. COOPER** (London); **Dr. HUGHES** (Brighton).

BOOKS RECEIVED.

The Practice of Medicine. By Wm. C. Goodno, M.D. Vol. ii. Philadelphia: Hahnemann Press. 1895.—*Hints in Domestic Practice and Home Nursing.* By Anna Temple Lovering, M.D. Boston: Otis Clapp and Son. 1896.—*Manual of the Essentials of the Eye and Ear.* By J. H. Buffem, M.D. Chicago: Gross & Delbridge Company. 1896.—*The Homœopathic World.* December. London.—*The Chemist and Druggist.* December. London.—*The Parish Councillor.* December. London.—*The Calcutta Journal of Medicine.* October.—*The American Journal of Homœopathy.* December. New York.—*The Homœopathic Eye, Ear and Throat Journal.* December. New York.—*The New York Medical Times.* December.—*The Chironian.* November. New York.—*The Hahnemannian Monthly.* December. Philadelphia.—*The Homœopathic Recorder.* November. Philadelphia.—*The Homœopathic Physician.* December. Philadelphia.—*The Medical Century.* November-December. Chicago.—*The Clinique.* November. Chicago.—*The Homœopathic Student.* November. Chicago.—*The Homœopathic Envoy.* November-December. Lancaster.—*The Denver Journal of Homœopathy.* November.—*The Medical Argus.* November. Minneapolis.—*The Minneapolis Homœopathic Magazine.* November.—*The Pacific Coast Journal of Homœopathy.* November. San Francisco.—*Revue Homœopathique Française.* November. Paris.—*Revue Homœopathique Belge.* August. Brussels.—*Leipziger Populäre Zeitschrift für Homöopathie.* December. Leipzig.—*Leipziger Monatshefte für Homöopathie.* December. Leipzig.—*Rivista Omiopatica.* September-October. Rome.—*Homœopatisch Maandblad.* December. Nederland.—*Rivista Homeopatica.* September and October. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; or to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

HOMŒOPATHY, THE BRITISH GYNÆCOLOGICAL SOCIETY, AND THE *LANCET*.

HISTORY repeats itself; and the old bad process of putting back the clock has once again been performed, and this time by the official ring of the British Gynæcological Society. Spoilt by success, this body, scarce a decade old, has, at the bidding of a junta, foresworn its early liberality, stultified its hitherto consistent policy, and surrendered—not without an equivalent—the intellectual supremacy it had hitherto maintained among its sister societies.

It is with a certain journalistic pleasure that we, having some access to the true inwardness of things, record that this *bouleversement* in the polity of a wealthy and numerous body resolves itself into a bold feat of the New journalism; and that it is the well managed *coup* of a business endeavour to infuse fresh virility into the torpid circulation of the *Lancet*. Where our erstwhile conservative contemporary will next “break out” we wot not; unexpected ebullitions, like testimonials, usually occur at critical junctures; and should this episode meet with the well merited contempt of those to whom intellect

has taught toleration, our contemporary may be assured that the evil it has done will live after it.

At the inception of the British Gynæcological Society, and under the guidance of larger brains than now control its destinies, special interest in and special experience of matters gynæcological were rightly deemed sufficient vouchers of the suitability of candidates for association. Invitations for membership were freely extended to many homœopaths, and in the same spirit were freely accepted. As a secession from the Obstetrical Society, and the counsels of this latter being paramount at the *Lancet* office, a persistent boycott—on sound business principles—has been maintained by the latter journal regarding the existence and doings of the Gynæcological Society. Mr. LAWSON TAIT has again and again called attention to the fact, and furnished a similar interpretation.

Totally unaffected by the studied frigidity of the *Lancet*, the British Gynæcological Society has, on the lines laid down by its founders, increased and multiplied in both numbers and importance in the most gratifying manner. No better attestation of the wisdom of the wide intellectual basis given to the Society by its founders could be presented, and no more striking proof of the ineptness of the stolid ostracism to which the *Lancet*—possibly not without misgivings—has consistently devoted itself.

Process of time has considerably altered the *personnel* of the Society's directors, and some who now aspire to mould its policy have gladly found in it a cave of Adullam. These, with a narrower intellectual outlook, and charged with the customs and traditions of the older Society, have proved themselves competent to effect a "deal," and have bartered the wider intellectual area of the Society's earlier days for the patronage of the *Lancet* and admission into its advertising columns! We must congratulate our contemporary on having "grasped the skirts of happy chance." Mr. LAWSON TAIT's uncontradicted statements made it clear that the cause of the *Lancet's* contumacy was not homœopathy. The rapid growth of the Society proving the uselessness of boycott, another position was tentatively essayed. Although the number of homœopaths in the Society was growing annually smaller, some bright editorial spirit suggested

their future exclusion as the stalking horse for the *Lancet* to redeem its error, and yet pose as the Mentor of the profession.

At no earlier time in the history of the Gynæcological Society would this have been practicable. But *autre temps, autre mœurs*: at the annual meeting of the Society a resolution of council was submitted, tantamount to the exclusion of homœopaths as candidates for membership, and carried with but four dissentients. Dr. Carfrae, Dr. Burford and Dr. Cavendish Molson protested against its bigotry, but in vain: and this Society now occupies the unique position in metropolitan societies, of incorporating a test, alien to its prime objects, among its bye-laws.

What a falling off is here! That a band of professional men should abandon the bright promise of its earlier career, and degenerate into dull exclusiveness is mournful enough: that it should do so at the instigation of a reactionary Press, hitherto a scarcely veiled enemy, is sadder still. The liberal counsels of its earlier days were those of intellectual giants: the narrow views of later times are those of intellectual pigmies. It was the unbroken record of John Stuart Mill that he was ever on the alert to "solicit contrary impressions." The reactionary policy of this Society is carefully calculated to exclude them. The British Gynæcological Society is evidently not on the side of the angels!

Strictly from a journalistic point of view, we congratulate our contemporary on the smartness with which it has extricated itself from its former error, and contrived to pose as the Incorruptible by the easy process of pandering to prejudice. 'Tis pity that its own experience of the folly of boycotting did not educate it sufficiently to show the futility of this practice against homœopaths. As things are, it is merely the venue that is changed, not the error cancelled, but our faith in intellectual progress bids us hope in time to see even the obdurate *Lancet* recalcitrant. Our principle is that of untrammelled enquiry into facts, and our practice that of constant checking of results by experiment. We are in no hurry. Time is on our side; we can wait.

PROGRESS OF HOMŒOPATHY.

PERHAPS first and foremost amongst the encouraging signs, we should adduce the fact to which we have just alluded, namely, the recent act of the British Gynæcological Society. The *Lancet* must have sustained a rude awakening from the dream that homœopathy is dead, in which it has for some time indulged; were it not so it would hardly have been necessary to renew its efforts to slay the monster. We are pleased to receive this additional indication, from no friendly source, of the vitality of the system. Moreover, we think that history at no distant date will show that our contemporary and those whom it has succeeded in influencing have overreached themselves. Homœopathy is as old as Hippocrates, if not as nature itself; it cannot die. The medical profession cannot do without it, call it by what name they may. Therefore the effort to crush it is futile. The effect of the boycotting and petty tyranny of the dominant majority can only result in the despised minority becoming stronger, more independent and self-reliant. Homœopaths so-called do not seek the isolated position for which they are blamed, but they accept it with equanimity. They are strong enough to stand alone.

* * * * *

Probably, *our* assurances to the *Lancet* and to the British Gynæcological Society that they have clearly mistaken the spirit of the times would have little weight with them. The following facts, which we have the satisfaction of bringing before our readers, and to the notice of the above-named, speak more eloquently than could any words of ours, and we suppose will be less pleasant reading for the latter than for us. We must ask the editor of the *Lancet* and the president of the Gynæcological Society to accept them as our answer to their striking anachronism:—

The progress of homœopathy in Holland is very great. At the last gathering of the Association for the Propagation of Homœopathy, held at Gouda, it was decided to take no less a step than to found in Holland a faculty of homœopathic medicine.—*Revue Hom. Belge*, July, 1895.

The School of Homœopathy, with its annexed hospital, which has existed in Mexico since 1889, has now been recognised by the State, elevated into a complete School

of Medicine, and authorised to give licenses for practice.—*Ibid.*, Sept., 1895.

In the Civil Hospital of Oporto there is a department for patients desiring homœopathic treatment. It was endowed by a wealthy deceased friend of the system, and contains a number of beds.—*Journal Belge d'Homœopathie*, Oct., 1894.

The Louisville homœopathic physicians have secured their right to practise in the Louisville City Hospital; the South-western Homœopathic College is to treat one-fifth of the patients.—*Hahn. Monthly*, Sept., 1895.

Minneapolis homœopathic physicians have now the right to practise in the City Hospital. On August 1st, 1895, the new departure was inaugurated by the reception of the first homœopathic patient. . . . By October 1st the homœopaths will have a full third of the patients.—*Ibid.*

There is a homœopathic hospital at Setka, in Alaska, a few degrees only from the arctic circle.—*Journ. Belge d'Homœopathie*, May-June, 1895. (From the *Homœopathic Envoy*.)

The success of Dr. Paasch, of Hamburg, in the cruel epidemic of cholera, which lately raged there, was so great, that the municipality has decreed him a diploma of honour.—*Revue Hom. Française*, Sept., 1895, p. 325.

On the resignation, recently, of the old school medical staff of the Portland (Oregon) Hospital, the hospital board decided to elect a new acting and consulting staff of homœopaths; which has accordingly been done. Any reputable physician, however, is allowed hospital privileges.—*Minneapolis Hom. Magazine*, Oct., 1895.

THE PLACE OF HOMŒOPATHY IN DRUG-THERAPEUTICS.*

By RICHARD HUGHES, M.D.

LECTURE II.

WE have seen that not only must the physician be more than a therapist; but that, as therapist, he must be more than a prescriber of medicines. He must be a hygienist in the fullest sense, knowing how to supply

* Being the second of a course of post-graduate lectures on Homœopathic Therapeutics, delivered at the London Homœopathic Hospital, November, 1895, to January, 1896.

the *juvantia* and remove the *cædencia* of health—under the latter term, moreover, including not only those causes of disease which appear on the surface, but those also which may lie in distant parts of the organism and act through its reflex sympathies. He must also understand, and be able to call to his aid, the resources of surgery, hydrotherapy, electricity, gymnastics and massage. Drugs take their place among these latter agents; and whether that place shall be a predominant or a subordinate one depends mainly upon the individual leanings of the practitioner.

A homœopathist is one who believes that the rule *similia similibus curentur*—let likes be treated by likes—embodies the best method of drug-therapeutics. He does not, because of this conviction of his, cease to be a physician in the widest sense of the term; nor should he be less of a hygienist. His use of the other agents I have mentioned may be comparatively a restricted one; but this is not because he has any prejudice against them, but because his special mode of using drugs makes them so effective that they become the main weapons of his warfare. I have maintained his duty to become acquainted with those; I have vindicated his liberty to employ them. But now I would dwell upon these; I would show what homœopathic remedies are, and why their discovery and application may rightly claim the devotion of the whole mind, the labour of a life-time.

What, then, are homœopathic remedies? We shall, I think, best answer the question—at least in the first instance—by a process of exclusion; we shall note the directions in which we are not to look for them, and so arrive at that in which they may be found.

1. Drugs, being material substances, must, if introduced in sufficient quantity into the body, act *mechanically*, by their bulk and weight, and so forth. Such properties of theirs have found little use in medicine—the swallowing of crude mercury to overcome intestinal obstruction, of olive oil to detach biliary calculi, being the only familiar instances. Whatever its value—and the latter practice seems effective and is certainly harmless—it has nothing to do with our present subject; *similia similibus* has no application here.

2. Drugs, when taken from the mineral kingdom have *chemical* properties; and they exert these within

the organism as they do outside it, with such modification as the higher laws of life there reigning impose upon their action. An alkali will neutralise an acid in the stomach as in a test-tube, and so may give immediate relief to heart-burn. A solvent of uric acid—such as the boro-citrate of magnesia seems, and piperazin is reputed to be—will act thus upon it in the kidney almost as well as in the apparatus of the laboratory. These are examples of the chemical action of medicines. They might be multiplied largely, and would bring us at last into more debatable regions, as the treatment of rheumatic fevers by potash salts because of a presumed excess of lactic acid in the blood. Stopping short of these, in the cases I have instanced it is obvious that homœopathicity plays no part, and yet that they are rational enough in themselves. We have better remedies for the tendency to gastric acidity and to renal calculus; but when these products are formed, and are causing distress by their presence, if we can remove the symptoms by chemically-acting drugs we are bound to use them.

3. We are thus shut up, for the sphere of homœopathic action, to the third and last kind of drug-energy, which may be called *dynamic* from its analogy with the forces of nature generally, *vital* from its manifestation only in the presence of life. It is the reaction which drug-stimuli excite in living matter. But even here we must recognise a limitation. Vital action which is exclusively topical does not necessarily, or even ordinarily, conform to the law of similars. It may do so. The local application of nitrate of silver in inflammations of skin and mucous membrane, which Trousseau cited as the cardinal example of “the great therapeutic principle of substitution which at present rules supreme in medical practice,”—this is obviously an illustration of *similia similibus*, as the same writer admits. “It was soon perceived,” he writes, “that the primary effect of such agents was analogous to that produced by inflammation; and it was easy to understand that inflammation artificially induced in tissues already inflamed led to a cure of the original inflammatory attack.” If Anstie* and James Ross,†

* *Practitioner*, iv., 156.

† *On Counter-Irritation* (Churchill).

with Fletcher* before them, are right, a similar explanation is to be given of the effects of counter-irritation. Blisters are not revulsives, but substitutive agents, acting through continuous and contiguous parenchyma, or through the nerves along the paths of reflex action. But if we follow up our topical agents, we shall find the relation of similarity to fail us. The action of arnica in easing the pain and promoting the resolution of contusions is a dynamic one; but no such condition can be induced by applying arnica to a healthy part. Calendula is a vulnerary by no chemical or mechanical properties it possesses; it cannot act otherwise than vitally; yet it has no power of causing wounds on the unbroken skin. And conversely, it does not follow that because the fumes of osmium set up eczema on the part exposed to them, that metal taken internally will act upon idiopathic eczema as, *e.g.*, arsenic will. The latter inflames the skin, however introduced into the system; it is therefore constitutionally homœopathic to dermatitis, while the other is (so far as we know at present) only locally so.

Dynamic action, to be available according to the law of similars, must thus not be topical only. It must further be exerted on the living matter of the patient's self, and not on that of guests to which he is against his will playing the part of host. It is not by homœopathic action that sulphur ointment cures the itch, for its influence is exerted on the *acarus scabiei* rather than on the skin that parasite irritates. The same statement may be made as to the living creatures which infest the intestines. Santonine kills the round worm, *filiæ mas* the *vænia*, by dynamic toxic power directly exerted; the practice is as rational as that which we follow in scabies, but there is nothing in it which lends itself to the rule *similia similibus*. And so of more complex morbid states, whose causation is traceable to agents of this kind. The pernicious anæmia of the East, known as "beri-beri," is now believed to depend on the presence of the *ankylostoma duodenale* at the seat its name imports. If we were to treat it symptomatically with arsenic, or to attack its cause with thymol, we should in either case be acting

* *Elements of General Pathology* (1842), p. 484. See also Dr. Drysdale's exposition of Fletcher's Doctrine, in *British Journal of Homœopathy*, xxvii., 494.

on living matter, but in the former only should be giving a homœopathic remedy.

Once again, there are drugs, like mercury and iodine, which have a peculiar solvent, loosening effect upon organic substance, melting it down and favouring its ready deportation by the absorbents. The action is a vital one, and we utilise it when we give such drugs in small doses for similar conditions of relaxation and wasting. But we may also employ it directly. New growths and adventitious products are susceptible to this influence as well as the ordinary tissues; they may, indeed, feel it and give way to it before the latter are appreciably affected. It is in this way, I opine, that the lymph of plastic iritis disappears under mercurialisation, the gumma of syphilis from the administration of iodide of potassium. Whether the good done here outweighs the evil I do not now attempt to decide. I only give the instance to illustrate what I mean by vital actions of drugs which are outside the possible range of the method of Hahnemann.

It is, nevertheless, within this sphere that the method finds its place; it is dynamically acting drugs influencing living matter which is neither parasitic nor adventitious, and doing this constitutionally and not merely topically, which can become homœopathic remedies. From their list we reach these, ordinarily, by the rule "let likes be treated by likes." The similarity here required is obviously to be found in the pathogenetic effects of drugs as compared with the phenomena of disease. To establish it, therefore, a collection of such of these effects as had been hitherto observed, and a systematic eliciting and recording of fresh ones, was necessary. The task was initiated by Hahnemann in 1805, in the slender *Fragmenta de Viribus Medicamentorum Positivis*, which I lay before you; it culminates at this day in the four large volumes of his *Materia Medica Pura* and *Chronic Diseases*, and in a similar number supplementary thereto forming the *Cyclopædia of Drug Pathogenesis*. From these sources a full acquaintance with the disease-producing energies of drugs can be obtained; and now it only needs the discovery among them of similar conditions to make them also disease-curing.

That is the homœopathic thesis. I am not professing this afternoon to expound it *ab initio* or in detail, but

only to ascertain the place occupied in drug-therapeutics by the remedies it leads to. For the sake of clearness, however, let me briefly indicate the *differentia* of its mode of proceeding. We have got our dynamic constitutionally-acting drugs; we have learned their effects of this kind in health; and now we wish to apply our knowledge. There are, Hahnemann has pointed out, three modes, and three only, in which such application can be made.

1st. Having ascertained that a given substance has the power (say) of exciting any bodily function, you give it in disease of other parts when you think such excitation desirable. Thus, you administer diuretics in hydrothorax, and purgatives in apoplexy. It is not that kidneys or bowels are inert and require raising to their normal activity, but it is that you think an exaggeration of their ordinary function likely to benefit the water-logged pleura, or the congested brain. There is here no relationship between the physiological effects of the drug and the phenomena of disease. They are foreign, ἀλλοίος, the one to the other; we may fairly call the practice so exemplified alloeo- or allo-pathic.*

2nd. The same discovery having been made, you apply your knowledge in dealing with opposite conditions of such functions themselves. You give your diuretic in ischuria, and your purgative in constipation; you administer paralyzing agents for spasm and anæsthetics for pain. Here you are acting directly on the part affected, and the symptoms of drug and disease admit of true comparison. The relation between them is expressed by the ancient formula "*contraria contrariis*," ἐναντία ἐναντίοις: the practice is enantio- or anti-pathic.

3rd. But there is yet a third alternative. Still acting upon the part affected, you may give your drug in morbid states thereof similar instead of opposite to its physiological effects. You may administer your diuretic in polyuria, your cathartic in diarrhœa: you may treat mania with stramonium and tetanus with strychnia. If you do so, you are, as Sir Thomas Watson recognised

* Hahnemann, at least in the fifth edition of the *Organon*, always employs the more correct form, "alloeopathic"; but his followers having dropped into the more convenient "allopathic," Dr. Dudgeon has adopted this term in his translation. It is, of course, only partially correct to use it, as ordinarily, to describe traditional medicine as a whole, this being multiform in character.

in regard of the latter piece of practice—which yet he suggests, acting “according to the Hahnemannian doctrine—*similia similibus curantur*—a doctrine much older, however, than Hahnemann.”* *Similia similibus* is in Greek ὅμοια ὁμοίως: your procedure is homœopathic.

We have in the foregoing been following another process of exclusion. Homœopathic remedies are not only drugs of a certain kind of action on the organism: they are also such as in that action develop symptoms in health similar, not opposite or foreign, to those for which they are administered in sickness. Before I go on to show their claims and advantages, I would meet the obvious objection which will occur to any practitioner of traditional medicine who may have followed me thus far. “Your exclusion,” he will say “is very well as a logical proceeding, but has it not the result of making you exclusive? You have passed on one side the extra-medicinal measures of therapeutics; and now you leave the mechanical, chemical, topical, and what you call the allopathic and antipathic actions of drugs themselves, and come down to a basis which, however definite, is surely a narrow one. It is this limitation to which we object in the position you take up. We are free to use all helpful means, medicinal or otherwise, in the treatment of disease. We do not refuse, if there is clinical evidence in their favour, remedies whose action in health appears to resemble that of the morbid state for which we give them,—as witness, *inter alia*, Dr. Samuel West’s recent employment of uranium salts in diabetes; but we do not restrict ourselves to these.”

I answer, neither do we. In what you have now said you have not distinguished between homœopathy and the homœopathic practitioner—the man, that is, who makes the law of similars the guiding star, the predominant principle, of his practice. I have been defining the method of Hahnemann, not the action of that master’s disciples. To-day, as last week, while excluding this and that proceeding from the one, I have glanced ever and anon at the advantage, the actuality, of the other’s occasional employment of it. I could repeat, were it needful, the claim I made for the legitimacy of his so doing—as then with extra-medicinal measures, so now

* Lectures, 4th ed. i., 591.

with the extra-homœopathic uses of medicines themselves. We are as free as you are; only, if I may be allowed to say so, your liberty has something lawless about it.

“ *Us* this unchartered freedom tires.”

We think we have a rule which leads us to the selection of remedies of a peculiarly satisfactory character; and our great aim in practice is to follow that rule and develop its possibilities. Where it is inapplicable; where it cannot be worked for lack of material; where its instruments—drugs—are less indicated than other agents, we make no scruple about leaving it and practising otherwise. There is, indeed, in our school, as in most bodies of men, an “extreme left,” which would restrain such liberty in themselves and others. By individual voices here in Europe, by ever-narrowing Societies in America, they are unweariedly uttering protests against the broader standing of our majority, and calling its members “mongrels.” I must admit the existence of such restrictive claims; but for myself and for the great body of my colleagues I repudiate them. We decline to be bound by any fetters save those of nature herself. It is because, in following the rule *similia similibus*, we feel we are on the track of law that we ordinarily, habitually, walk in the path it marks out. We recognise no other limitation.

When we call our hospital “homœopathic,” this is what we mean. Our thought is similar to that which has inspired the National Temperance Hospital. Its staff consists of medical men who believe that disease is best treated without alcohol: because patients will be there so treated they resort to it, and subscribers support it. But its physicians and surgeons expressly disallow any restrictions upon their practice. If, they say, any case should—exceptionally—appear to us to demand stimulants, we hold ourselves free to give them. Surely their position is unchallengeable: they have a right to their opinions, so long as they do not tie their hands. Our standpoint is the same. Our staff also is free to do what is best for their patients; but that best is so predominantly, so characteristically, of the homœopathic kind, that we feel justified in using a title which says to the poor, “Here you can have such treatment,” and to the public, “Here it will be ministered.”

Having explained our position, it remains that we should justify it. It is needless to vindicate the liberty we claim: we should be blameworthy did we refuse it. But why the devotion to one kind of drug-action? What is there in homœopathic remedies which should make their use our main endeavour in drug-therapeutics?

Let us look at the three alternatives I have described as the modes, and the only modes, in which the pathogenetic action of drugs can be applied to the treatment of disease. The antipathic and the homœopathic have this advantage in common over the allopathic, that they act directly on the affected parts, and avoid disturbing those that are healthy. But then, of the two, the homœopathic use commends itself to us by its greater gentleness. The antipathic drug has to oppose the morbid process that is going on. It must do this by force, by inducing its own equally morbid condition in the suffering organ, without pledge that this shall subside when that is neutralised. It must therefore be given in full doses; and it is not easy so to proportion these that some side-action shall not be exerted elsewhere as they circulate in the blood. In allopathic and antipathic medication alike you have to induce the physiological action of drugs,—that is, you employ them as poisons: in the homœopathic we convert them into medicines. “Their whole physiological action” as our lamented Drysdale used to say, “is absorbed into their therapeutic.” Their influence is mild; it solicits and persuades rather than compels; the patient is conscious of nothing save the amelioration of his distress. Acting thus, they need no large quantities; and here comes in one characteristic feature of homœopathy—the smallness of its dosage. I am not now alluding to infinitesimals; they form a subject by themselves. They are fully capable of defence; but their use forms no essential of homœopathy: the small dose does. In employing this term, I am thinking of such an obvious inference as led ipecacuanha wine to be given by single drops only when administered to check vomiting instead of to excite it; and to such experience as Dr. Ringer relates with amyl nitrite. In treating with this substance flushes like that it causes, “the author,” he writes, “began with a minim dose, but was obliged to reduce this quantity, and he ultimately found that, for

the most part, these patients can bear one third of a minim without any disagreeable symptoms, but that a tenth, nay, even a thirtieth of a minim will in some patients counteract the flushing." Such has been the almost uniform experience of those who have used homœopathically-acting remedies, so that to the gentleness of their working is added the smallness of their necessary dosage.

The result in comfort and peace to the patient is manifest; and this is no slight advantage, especially with children. Had such non-perturbative treatment been available in the days of Montaigne, he would not have written as he did of doctors and physic. "I have," he says, "a contemptuous indifference to medicine at ordinary times; but when I am taken ill, instead of coming to terms with it I begin more thoroughly to hate and fear it, and reply to those who press me to take physic that they must wait, at any rate, until I am restored to my usual health and strength, that I may be better able to stand the potency and danger of their compounds." I would emphasise these last words, and would claim for homœopathy the high merit that it obeys that cardinal maxim of medicine, *primo non nocere*, which ordinary treatment does not. Against the benefits which our profession has undoubtedly rendered to the world must be set, I fear, a long array of ills produced by drugging. The *Cyclopædia of Drug Pathogenesis*, of which I have spoken, finds copious material for its "Poisonings" section in the records of over-dosing with medicines. Nor is this a thing of the past. Physicians no longer, perhaps, lead their patients into opium-taking; and a Coleridge with his poetic power blighted, his philosophising emitted only in fragments, and—worst of all—his moral life wrecked, may not be extant now, though we have heard of a morphio-mania which is hardly less distressing. But those who knew Rossetti best have hinted plainly that what made him the melancholy and unfruitful recluse of the last ten years of his life was the abuse of chloral; and a lesser, though true, poet—Sydney Dobell—has told us himself how all motive power was paralysed in him by the bromide of potassium forced upon him by his medical advisers. "He had hoped" writes his biographer "to abandon the habitual use of a sedative

medicine which he took always under protest, with a sense that it poisoned life and fettered the use of his brain, but which, during the last eight years, had been prescribed for him by every physician consulted. The result of medical experiment and observation now led to its being prescribed in larger quantities. This was a severe disappointment, as during the few days of its discontinuance he believed that his mind worked more freely and easily.”* The picture here presented, of a noble “life poisoned” and a creative “brain fettered” by the constant administration of a fashionable sedative, tells its own sad story, and points its burning moral. Of how many private tragedies may not these public ones be indices! Medicinal mercurialism—so disastrous in the past—is rarely seen now, though a recent observation of Mr. Hutchinson’s† warns against its possibility; and iodism, in its constitutional form, does not seem to affect other people as Coindet and Rilliet observed it in the sensitive Genevese. But arsenicism has been in full process during this last generation: it is from the medicinal use of this substance that we have learned its homœopathicity to shingles, to pemphigus, and to cancer.‡ Iodine, moreover, in the form of its compound with potassium, so lavishly employed during the last sixty years, has done almost as much harm as good. To the older observations of its noxious effects left us by Wallace, Ricord and Langston Parker, we have later ones to add collected by Lewin and Morrow.§ They exhibit its injurious effects upon the skin, the tongue, and the nervous system; and it is shrewdly suspected that the kidneys do not escape damage while eliminating the mass of chemicals in this shape introduced into the circulation. Men speak lightly of the deafness and tinnitus characteristic of quinine; but the aurists are beginning to cry out against the wrong thus done to the delicate structures of the ear, and I have more than once seen labyrinthine vertigo resulting from the abuse of the drug. The coal-tar products which have come into such large use of late as heat

* *Life and Letters of Sydney Dobell* (1878), vol. ii. See his own words quoted in *Monthly Hom. Review*, xxiii, 321.

† *Cycl. of Drug Path.*, iv. 644.

‡ *Ibid.*, i., 448; ii., 726.

§ *Ibid.*, ii. 713-6; iv. 627.

reducers and pain killers have already an extensive pathogenesis, and much of the severity and even mortality of the recent influenza has been traced to the antipyrin so freely employed to subdue its fever. Antisepsis, too, with all its virtues, has opened a new source of medicinal poisoning, and its carbolic acid and corrosive sublimate, used to bring local death to bacteria, have proved by absorption indefinitely harmful to the patients they would protect against them. Drugging has increased of late, is increasing, and must be diminished. Better expectancy than this! Skoda, Dietl and Hughes-Bennett in pneumonia, Gull and Sutton in acute rheumatism, many practitioners in typhoid and other self-limiting diseases, have left their patients almost, if not altogether, to nature, with results far from unsatisfactory. It is often charged against homœopathic medication that it is a pretentious doing-nothing. If it were so, it might be worse. Doctor and patient are sustained by the idea that treatment is being adopted, and the one may lay the flattering unction to his soul that at least the other has not been harmed by him.

But homœopathy has further claims than such negative ones as these. Its remedies are inoffensive; they are non-perturbative; they are liable to do no injury from too liberal or long-continued use; but they are also positive agents, of a kind which form the highest *desiderata* of medicine. Sprengel, its greatest historian, writes:—"Hahnemann, by a true induction, demonstrated that most of those potent medicines known under the name of specifics are useful just because they set up an artificial excitement which often produces phenomena very like those of the malady." It is so; and, conversely, the medicines given in homœopathic practice—given because they set up in health an artificial excitement producing phenomena very like those of the malady—display that potent kind of action known as "specific." Homœopathy is specific medication, and *similia similibus* is an instrument for the discovery of specifics—not for types of disease merely, but for each individual case. Hahnemann claimed this place for his method, which till 1808 he called simply "specific;" and even after he had begun, in that year, to use the term "homœo-

pathic," he often conjoined the other with it. Hufeland, the head of German medicine in Hahnemann's day, allowed the claim. He said that the knowledge of medicines which produce in a healthy state symptoms similar to those of disease may be very well profited of, in order to discover specifics; and, in another place, that "the aim of homœopathy is to find specifics for individual forms of disease, by doing which it may render great service to medicine."*

I am quite aware that at the present day to claim the possession of specifics positively prejudices our cause in the minds of the profession. Medicine, they have decided, is to be an applied science, and is not to run before the knowledge by which it works; while specifics belong to the sphere of pure art. The result is fairly expressed in the following passage from a recent editorial in the *Lancet*.†

"Bacteriologists may be fairly asked to furnish us with definite knowledge as to whether a characteristic micro-organism is uniformly present in pneumonia, and, if so, whether its life-history affords any clue to the phenomena of the disease. While this question remains in abeyance, the treatment of pneumonia—always one of the most disputable and difficult in the whole range of medicine—becomes more difficult than ever. If the disease be truly parasitic, and if the destruction of the parasite be the true object of therapeutics, then it is evident that the antiphlogistic treatment of former days and the stimulant treatment of the present day are alike mistaken and futile. . . . At another point the uncertainty overhanging the pathology of pneumonia is very embarrassing. Is the pyrexia the reaction of the organism to the action of a morbid substance—whether bacillary or not—in the blood? Is it simply the effect of such a poison, or is it the effort of the organism to rid itself of the poison? In other words, as Dr. Hale White puts it, is the pyrexia one of the defensive mechanisms of the body? We cannot answer these questions with any confidence or certainty in the present state of our

* For this subject of specifics, see Dudgeon's *Lectures on Homœopathy*, Lecture iii., and Russell's *History and Heroes of the Art of Medicine*, p.p. 194, 267.

† July 27, 1895.

knowledge, and yet until they are answered our treatment must remain halting and tentative."

If those who think thus would look into the literature of homœopathy, they would find a treatment of pneumonia there recognised for many decades past which is neither antiphlogistic nor stimulating, which is uninfluenced by theories of the bacterial origin of the inflammation or the "defensive" part played by the fever; but which apportions individual specifics to the different forms and stages of the disease, with results in diminishing its mortality and lessening its duration which no other treatment, positive or negative, can show.*

Happily (perhaps) for their patients, the readers of the *Lancet* do not really wait till these theories have settled their conflicts, but are quite ready to try any remedy which professes to be good for this or that, whether they understand its action or not. If they did not, indeed, they would soon be deserted by their patients, who wish to be cured, and care little for the mode in which this end is attained. Men like Bacon and Boyle have made themselves their spokesmen, and they have urged upon the profession from without the search for remedies of this kind. Sydenham, from within, full of the fresh sense of the blessing of specifics gained from the introduction of bark in the treatment of agues, believed in their existence and advocated their cultivation. But the leading physicians generally, from Hippocrates onwards, in their desire to be rational instead of empirical, have aimed at treating patients according to systems which they have excogitated, and have left specifics to quacks—who have thriven accordingly. Hahnemann once more bent attention in the true direction; while, by discovering the law of specific action, he rescued it from empiricism and haphazard, and made it as rational as it is beneficial. I say, beneficial; for would it not be an immense boon for suffering humanity if all diseases could be treated as ague is treated with quinine? It is because homœopathy is working towards this end—and indeed towards something still more perfect, for to give quinine in every intermittent without discrimination is but rough

* See Dr. Pope's articles on the treatment of this disease in the *Monthly Hom. Review* of 1892.

practice,—it is for this reason among others that its method is not only positively but comparatively desirable.

There could only be one challenge to this inference—the appeal to facts. If, in spite of its pleasantness and harmlessness, and of the theoretic promise of the remedies it employs, homœopathy had failed to hold its own in actual practice, we should have to keep silence about it, and at the best wait for a brighter day. But it has been very far otherwise. The early battles over it in this country were fought (at least on our side) largely on the ground of statistics. I do not propose to renew the combat in detail; but this gage I must throw down, prepared to maintain it *à l'outrance*, that never has the method of Hahnemann had fair opportunity of pitting itself against its rival that it has not come off victorious in the contest. It was so when Tessier had half the beds in the Hôpital St. Marguerite at Paris; it was so when Fleischmann handled his cholera patients at Vienna with such comparative success as to win from the Government the long-withheld toleration of the practice; it was so when similar results obtained in this disease in the London Homœopathic Hospital (then in Golden Square) had the honour of being stifled by the official reporters, lest they should reflect upon the less favourable statistics of other institutions. It has been so since, when the Michigan and Illinois State Prisons were served by the two systems in successive terms of years; when the mortality of the one Orphan Asylum of New York which has homœopathic treatment was set against that of the six others during the same time; when the homœopathic portion of the Cook County Hospital at Chicago recently compared notes with the other wards of the charity. To come nearer home, when the National Temperance Hospital was able to show better results than the Metropolitan Hospitals generally, it was obliged to except this institution in which we now are. It could only account for so surprising a fact by the supposition (which was, of course, entirely unfounded, and was promptly contradicted) that we did not admit acute cases! Is there any failure to set against these triumphs? There is none; and yet, on the assumption of the nullity of homœopathy, every such trial ought to have ended in discomfiture—that is, if the ordinary

treatment were itself of any value. If the same assumption be persisted in, in face of the facts, then the higher mortality which the figures show for ordinary treatment means simply that it is to this extent positively murderous. I do not myself draw this conclusion; but then I do not believe that the rival method is merely expectancy.

I have now, to the best of my ability, discussed the question as to the place of homœopathy in drug-therapeutics. The conclusion arrived at is that homœopathic remedies are, from their nature, from their negative advantages, and from the comparative results obtained with them, the best that can be employed, and such as should always be resorted to when practicable. I could have enlarged more fully, had time allowed, on the argument from their nature. I could have shown that they are constitutional *substitutives*, acting by elective affinities instead of topical application, and so of much more penetrating influence and grasp of disease as a whole.* I could have exhibited them as *alteratives*, having all the merits of the drugs so called—silently and peacefully, without evacuation or other intermediate action, extinguishing the morbid process at the seat of mischief; the only trace of their working being that where there was a storm there is calm; where there was pain there is ease; where there was weakness there is strength. But I must pause. I have said enough, I think, to vindicate our action in establishing and sustaining a Homœopathic Hospital, in which the poor may have the benefits of such medication, and the method itself may gain, by experience, in range and precision. The members of its staff, however, know too well that by accepting office therein they bar to themselves the doors of all permanent associations of their profession. They are not indifferent to their loss; yet what can they do, if they hold allegiance to truth the supreme duty, but go with it without the camp, bearing its reproach? With a sigh of regret, with a word of protest, they resign themselves to the injustice, confident that it will be repaired in the future; that their

* Dr. George Wood, in his *Pharmacology and Therapeutics*, maintains that this is the *modus operandi* of quinine in intermittent fever—the standing type, as I have shown and have yet to show, of a homœopathic specific.

colleagues will one day thank them (or their memory) for having devoted themselves to the cultivation of a therapeutic method which bears in its bosom the highest promise for humanity.

ALBUMINURIA AND ITS RELATION TO LIFE INSURANCE.

By CHARLES W. HAYWARD, M.D., C.M., Edin.;
D.P.H., Camb.; M.R.C.S., Eng.; L.R.C.P.; Lond.

(Continued from page 36.)

Treatment.

In acute nephritis, at the commencement, when the inflammation is active, *aconite* is the best medicine.—Ringer says* “Of all the drugs we possess there are certainly none more valuable than *aconite* It is on account of its power to control inflammation and subdue the accompanying fever, that *aconite* is to be the most esteemed. The power of this drug over inflammation is little less than marvellous. It can, sometimes, at once cut short the inflammation The method of employing this drug has much to do with its success Of the tincture half a drop, or a drop in a teaspoonful of water, should be given every ten minutes or quarter of an hour, for two hours, and afterwards be continued every hour After scarlet fever, as is well known, acute inflammation of the kidneys is very liable to occur. This would at once be indicated by a rise in the temperature, and if this should rise beyond limits of health, they (the friends) should at once commence the administration of *aconite*, and not allow some hours to elapse before the patient can be seen by the medical attendant.” I could scarcely improve upon these remarks or recommendations.

Arsenicum.—This drug is the one which most closely corresponds with Bright’s disease, after the acute inflammatory stage is over, and when the cantharis condition is passed. It has a distinct influence on the kidneys; they are irritated, and in chronic poisoning we find that the kidneys are enlarged and hyperæmic, the epithelial

* *Handbook of Therapeutics.*

cells charged with fat and granules. The kidneys are identical in their condition with the "large white kidney." Urine is scanty, albuminous, urea diminished. Dropsy occurs and anasarca. The appearance of the patient is pasty, and they suffer from the debility, languor and digestive troubles found in Bright's disease. We could not wish for a closer correspondence than is to be found between *arsenic* and chronic nephritis, and by its careful administration cure may often result when the structure of the kidney has not been too seriously injured for repair. Great improvement, locally and generally, can always be obtained.

Belladonna is often of service, and I have often seen great improvement caused by it in acute cases when the case seems to occupy a half way state between *aconite* and *arsenicum*.

Berberis is of great service in the more chronic form, especially in those cases associated with mal-digestion, sluggish liver, dull pain in the back and deposits of urates or oxalates.

Cantharides.—In acute cases this is one of our best remedies. There is acute congestion of the kidneys, scanty urine, containing albumen and perhaps blood, constant desire to urinate. In suppression of urine it is of great value. Ringer says*: "The preparations of this medicine have been recommended by high authority in certain forms of Bright's disease, but it has for many years been considered a most dangerous remedy in disease of this kind, and its use is customarily condemned in most books which treat of kidney diseases. The discrepancy respecting their usefulness perhaps arises from the difference in the dose in which it has been administered by different observers. The author is convinced of its usefulness in acute Bright's disease when the acute inflammation and fever have subsided, as they invariably do about the fifth to eighth day. After the subsidence of the more acute disease in the kidney, it not uncommonly happens that a chronic one follows, and in consequence the urine continues small in quantity and contains albumen and blood. If, just at this time, that is on the immediate subsidence of the acute inflammation, tincture of *cantharides* be given in

* *Handbook of Therapeutics.*

one minim doses, to be repeated every three hours, the blood will almost always very quickly disappear, while the albumen more gradually decreases and the urine becomes more abundant." *Cantharides* in still smaller doses will be of great service at an even earlier stage than mentioned by Ringer. It is about our best medicine for really acute nephritis.

Ferrum.—I have found *ferrum muriaticum* a very useful medicine in non-acute cases. In cases where there is a slight persistent albuminuria without any other symptom of kidney trouble, either when this albuminuria is the remaining symptom after a nephritis, or when no such history can be obtained, the *ferrum* is of use in clearing up the albumen.

Mercurius.—The *perchloride of mercury* is about the best drug we can employ in the really chronic nephritis. Hughes states*: "Post mortem investigation shows it to be connected with acute congestion or inflammation of the secreting structure of these organs. The form of inflammation set up appears to be non-desquamative nephritis, as in the most common variety of Bright's disease. The urine is albuminous during life, and the patients die with all the symptoms of uræmic poisoning."

Lauder Brunton states that *mercury* produces albuminuria by inducing chronic interstitial nephritis. This drug is invaluable in chronic Bright's disease, but I think that its place is found slightly later than that of *arsenic*. I should say that its influence is more chronic than that of *arsenic*, and that it will be found useful in cases which, while still showing many of the *arsenic* symptoms, seem to have got beyond *arsenic*.

Dr. Broadbent, quoted by Dr. Fothergill, states that *mercury* in limited doses has been very useful in removing the traces of albumen which persist for a long time after the decline of inflammatory Bright's disease after fever.

Phosphorous.—Although *phosphorous* has a distinct action on the kidney, it does not hold a place of prime importance in the treatment of nephritis. The change found in the kidneys after poisoning by *phosphorous* is a fatty degeneration. It would be the best medicine to employ in cases of acute atrophy, and I think will be found of great general benefit in waxy kidney, as it will

* *Manual of Therapeutics.*

assist greatly the general condition as well as the local disease.

Phosphoric Acid.—I have employed *acid phos. dil.* with decided benefit in cases similar to those I have mentioned under *ferrum*.

Plumbum.—This drug is as satisfactory in its correspondence with cirrhotic or gouty kidney as are *arsenic* and *mercury* with the chronic nephritis.

All the important writers on kidney disease agree that lead causes albuminuria. Chronic lead poisoning has been found to produce a condition in the kidneys which corresponds exactly with that found in cirrhotic kidney. Workers in lead have been found to suffer from granular kidneys, in as many as 26 cases out of 42 workers in lead who died in St. Thomas's Hospital. Lead is also often useful in these cases because of its beneficial influence on the gouty constitution present. In cirrhotic kidney then, we must remember that lead is our best remedy. Dr. Ringer states that Dr. George Lewald has found that lead diminishes to some extent the amount of albumen in 24 hours in Bright's disease, while it increases the amount of urine.

Terebinth.—In acute suppression, or where the urine is scanty and contains blood, *terebinth* is of great service. In hæmaturia turpentine is the best styptic. When this symptom is prominent it is superior to *cantharides*, and will often restore the secretion of urine in complete suppression, but I am of opinion, although it is an invaluable drug in such emergencies, that it is not so generally useful a drug as *cantharides*, the action of which is very similar.

Many other drugs act upon the kidneys, and are of great service in treating albuminuria when depending on some morbid condition in these organs. I have mentioned the most important drugs, but have, unfortunately, no time to multiply evidence, either in favour of their physiological action, or of their curative power on these organs.

In acute nephritis we are often brought face to face with the very critical condition of suppression of urine and uræmia. We must combat this condition by restoring the action of the kidneys, and in this connection *terebinth*, *aconite*, *belladonna*, and *cantharides* are to be thought of. The skin must be made to act freely—hot

baths or vapour baths may be used, or a pack, as was most successfully used in the case of Mary M— mentioned above; and great benefit may be obtained by the subcutaneous injection of $\frac{1}{8}$ of a grain pilocarpine, which accessory should not be neglected in extreme cases. The convulsions may, if necessary, be controlled by *chloroform*.

Dropsy, when occurring as a complication, can best be met by the administration of such drugs as *arsenic*, *cantharis*, *apis*, *digitalis*, *hellebor* or *apocynum*.

In cases where, owing to the general debilitated condition, the fluid accumulates, in spite of medical treatment, recourse must be had to tapping. The relief afforded by, and the improvement which often follows this proceeding should impress upon us that we should not wait until the patient is *in extremis*, before availing ourselves of it. In cardiac cases, and cirrhotic or chronic Bright's, when failure of the heart occurs, we must employ stimulants, alcoholic and medicinal. I have used *digitalis* with great benefit in such cases. In the case of W. T. B. mentioned above, the benefit derived from this drug was most marked, and tided the patient over a most precarious time, so that he has been able to continue in fair health without its aid, for the last eighteen months. In his case I used one drachm doses of the fresh infusion of *digitalis* four times a day. Although *digitalis* increases the heart's action, it does not increase the albumen passed. Grainger Stewart says "*digitalis*, when given in medicinal doses never produces albuminuria. In cardiac cases it often leads to its disappearance, and in inflammation of the kidney, it does not increase the albumen, even when exerting an active diuretic influence." In the case I mentioned, I found that the amount of albumen was diminished while the amount of urine was distinctly increased.

In waxy cases we must remove the cause if possible; if due to chronic suppuration this should be removed by surgical means, if possible, and then build up the strength of the patient. The diet should be nourishing, and such drugs as *phosphorus*, *arsenic*, and *iron* are especially useful.

In functional cases, we must select a drug which seems most indicated by any general condition which may be present. *Arsenic*, *iron*, and *phosphoric acid* have been

of service in my hands. Where the digestion is chronically bad, the attention should be directed to this, and great benefit may be obtained by assisting the digestion with *nitro-hydrochloric acid*, or some preparation of *pepsin* either alone, or along with *zymine*.

Diet.

In inflammatory states of the tubules, spare diet with plenty of water, abundance of milk, and some light broth or beef tea, form the best diet.

In acute nephritis an exclusive milk diet is best, with plenty of water as drink.

In cirrhosis the food should be as non-nitrogenous as possible, while guarding against malnutrition in the patient; a fully vegetable diet is not satisfactory, and anæmia is apt to ensue from too limited nitrogenous food.

In waxy disease the diet should be generous, varied with extra amounts of beef tea, &c.

In functional and nervous albuminuria diet seems to have no special effect on the constitution.

In accidental albuminuria—the diet should be carefully regulated in inflammatory conditions of the renal passages, bladder, urethra, &c.—milk diet and plenty of bland fluid is the best form of diet.

Alcohol is not good in any form of renal disease, and in no accidental albuminuria, although it may be used with benefit to the general condition in vascular cases, or where stimulant is really necessary. In the less dangerous form of the condition, moderate use of alcohol is not likely to cause any real mischief.

Life Insurance.

Having now gone over the different forms of albuminuria, what bearing have they upon the question of life insurance? No one will deny that albuminuria is a serious symptom, and in the great majority of cases means that there is a condition present which quite puts life insurance out of the question. But we have no right to refuse all cases of albuminuria. The presence of this symptom is very important, and necessitates extra care in thorough search for any further abnormalities, but as a symptom by itself, and if no further evidence can be obtained either from the

history of the case or from most careful examination, it is not a bar to life insurance. In most cases of albuminuria we find other symptoms. Acute nephritis, of course, does not come under notice in regard to insurance. In chronic nephritis there are casts present, albuminuria is always present and there are vascular changes, history of puffiness under the eyes, etc. In gouty kidney we have marked circulatory changes, cedema, etc. Waxy kidney of course is rejected, and the question of life insurance resolves itself into this, albumen is present but no other symptom or history, is the case eligible for life insurance. There are five points to be determined (1) amount and specific gravity of the urine, (2) amount and occurrence of the albumen, (3) total amount of urea, (4) nature of the urinary deposit, (5) vascular tension.

1. Amount and specific gravity of the urine. If the amount of urine is normal and the specific gravity high, the case is probably functional.

2. Amount and occurrence of albumen. If the amount of albumen is slight, and specimens collected from each micturition show that it is not always present, absent during some period of the 24 hours, usually before breakfast, &c., it is probably functional.

3. Total amount of urea. If the urea is within the normal limits, allowing for diet and exercise, there is no evidence of kidney disease.

4. If the urinary deposit contains no casts on examining two carefully prepared specimens, this is strong evidence of the absence of kidney mischief. A few hyaline casts may even be present (due, probably, to coagulation of the albumen) without altering our diagnosis of functional albuminuria. Blood or pus, unless obviously due to the accidental causes, excludes functional albuminuria. Occasional copious oxalates or phosphates rather favour the diagnosis of functional.

5. The pulse tension should be normal, or even slightly subnormal. Therefore, provided that urine is normal in amount, of high specific gravity, that albumen is small in amount, and sometimes absent, that the amount of urea is up to the normal standard, that there are no casts, or only a few hyaline casts, and that there is no vascular tension or other systemic derangement, we may pass the case as suitable for life insurance.

DISCUSSION.

The PRESIDENT said they must all be conscious of the great care Dr. Hayward had taken in the preparation of his paper—which, indeed, was rather more than a paper of the kind they were accustomed to, and was practically a whole treatise on the subject—and his statements were so incontrovertible that there seemed little to discuss. Perhaps the most interesting portion of it was that referring to functional albuminuria, which was of comparatively recent recognition, and consequently claimed their attention more than the things which they had known from their student days. His account both of the diagnosis and treatment was very creditable. There was only one point he would refer to, that upon which he (the President) understood Dr. Hayward to say that the diet had no effect. His experience was that it was necessary in functional albuminuria to restrict the diet from meat. (Hear, hear.)

Dr. HAWKES commented upon the value the essayist attached to rest, which the tables he showed made obvious. The new method seemed to be that of treating it by rest. Whilst trying their drugs the benefit of a complete rest might be obtained. One question with regard to functional albuminuria. He attended an old lady some few years ago who passed a fair quantity of oxalates, but she soon began to suffer from retinal hæmorrhage, showing that often a form of functional albuminuria might be associated with other things.

Dr. WOLSTON noted that in his remarks on functional albuminuria the essayist had quoted largely Professor Grainger Stewart. It was not a little interesting to him (the speaker) to recollect that before a line was penned on the subject in the English language he brought under the notice of Dr. Stewart the first case either of them had seen. It was a case of albuminuria which only appeared after breakfast, and he would like that from their meeting there should go out a little warning note with regard to this form of albuminuria. He had had many cases under his notice; he had made examinations in many cases, and the outcome of his observation had been this, that there was a very large class of cases in which the albuminuria was detectable only about 11 o'clock in the forenoon. His practice was to have urine sent to him that had been passed the last thing at night, the first thing in the morning, and at 11 o'clock a.m., and it was only in that of the latter period that albumen had been discovered. It was common among school boys, and latterly his attention had been drawn to the fact that it largely

obtained amongst girls. The other day he had occasion to be consulted respecting this malady in a young lady of about sixteen. She was one of a family of six girls. He thought he would see what the rest of the family were like, and he was surprised on making tests to find that three out of the six had albumen after breakfast. This had no relation to diet. The case which he took to Dr. Stewart was that of a lad of 17, and he had a very large amount of albumen, but the only time in the day when it was found was within an hour or so after breakfast. As far as treatment was concerned, nothing had given him better results than phosphoric acid, sometimes nitric acid, but chiefly phosphoric acid. Given the case of a boy or girl, hitherto taking a good place, who went from the top to the bottom of the class at school, he generally knew that he had that form of albumen present which was largely connected with a depressed condition of the nervous system, and he felt that as the medical advisers of the laity they ought to make more enquiry and examination than they did for these cases. The profession at large wanted to be a little bit awakened to the existence of this malady, which needed rest and quiet and freedom from brain work. As to diet, he quite agreed with Dr. Madden that it was an important thing to prevent the patient from indulging in red meat. If they let patients eat freely of red meat the albuminuria increased; whereas, if they were kept to white meat diet—fish, milk and vegetables—they universally cleared it in two or three years. He called the disease one of adolescence—a disease connected with the nervous system; at the same time it sapped vital vigour wonderfully.

Dr. ARNOLD said he would like to ask if Dr. Hayward had come across a case of precipitate of urates. In one case it so resembled precipitate of albumen that he required a second examination. On examining the urine a second time, with *nitric acid*, it showed no traces of albumen, and he pronounced the man free from albuminuria. Then as to the cases of functional albuminuria, was that not a matter which had been taken out of their hands by the insurance companies themselves refusing cases which showed albumen?

Dr. MOIR acknowledged the great care Dr. Hayward had taken with his paper, which he was sure was a production they could refer to with advantage afterwards. He had two cases of albuminuria, followed by diabetes, in old ladies, he would like to mention. One patient was nearly 80, and for five years she got rid of sugar from the urine. Albuminuria followed, and 12 months before she died (from syncope) her eyesight went, she turned against her young friends, she

altered her will two or three times, and had a notion that an old servant, whom she eventually deprived of any provision for her future life, was going to do something to her. The patient died very suddenly, and half an hour previously she had been talking quite reasonably to him. In the other case, where there was diabetes, the sugar nearly disappeared, but came back at times. As she had double cataract the retina could not be examined. She died of uræmic (?) convulsions, and one oculist told him that after he saw the effusion of blood on the retina he only gave a patient 12 months to live.

Dr. C. HAYWARD, in replying to the discussion, said Dr. Wolston had spoken of albumen being only discovered in the morning after breakfast. It generally occurred within a few minutes after taking the food, and then usually decreased, but he did not think it had gone until after dinner, and in the evening they traced none. He had not found much benefit from altering the diet. As to urates mentioned by Dr. Arnold, he should like to know if the urine was diluted to bring the specific gravity below a 1010. (Dr. Arnold: No.) If it had been the urates would have been got rid of. It was urged that insurance companies refused lives in which albuminuria was present. One company he knew accepted a case to which he referred. They said that if their medical referee said it was a case to be accepted they would accept it. As to cases mentioned by Dr. Moir, he should like to know if there were many casts. (Dr. Moir: There were.) He could not explain the disappearance of the sugar. In conclusion he said the subject was too large to be treated of in one single paper, but his object was to impress the Congress with the view that they had no right to refuse cases of albuminuria. He knew of several doctors who had frightened patients by telling them they would not give them a very long life.

ON SUB-INVOLUTION OF THE PUERPERAL UTERUS: WITH REMARKS ON A NEW THERAPEUTIC TREATMENT WITH SALTS OF POTASSIUM AND GOLD.*

By GEORGE BURFORD, M.B.

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Hospital.

Of all forms of uterine trouble, none is so common as chronic enlargement; and of all causes of such uterine decadence, none is so usual as gestation.

* This Paper was illustrated by various new and original diagrams, and by a lantern exhibition of microscopic preparations, kindly directed by Mr. James Johnstone, F.R.C.S.

Again : Of all chronic uterine conditions, none is so preventible as sub-involution ; and of benignant uterine lesions few are so difficult to radically cure.

I propose to trace the natural history of sub-involution, rather in its finer issues than its gross developments ; and merely as a pathological basis for an adequate and effective treatment. I propose to indicate the steps by which the uterus passes, from the early phases of defective repair, to that hypertrophied, dilated, and indurated state known as chronic metritis. In this outline I have new views to present, new sequences to attest, and a new treatment to indicate ; and for prolixity in detail I must plead the legitimate enthusiasm of the original worker.

In the Life-History of the Uterus, its normal function is that of Gestation ; and its quiescent period that of a Resting spore.

The specific function of the uterus is gestation ; and the unique element in its life history is that it can remain for indefinite periods as a dormant organ. The non-pregnant uterus is a quiescent structure, whose mass is maintained at a minimum ; only so much tissue being retained as is adequate to construct the pregnant organ, under the stimulating influence of conception.

We know, gentlemen, how certain lowly organisms, when their activities are limited, will concentrate the essential units of their structure, disband all accessory elements, and remain quiescent and passive as resting spores. Later, comes a cycle of activity, when rapid growth, active reproduction, and the miscellaneous evidences of renewed vitality present themselves, again to lapse into hebetude, awaiting the renewed incidence of the appropriate stimulus.

Just such is the life history of the uterus ; now like a fully equipped monad, assimilating and proliferating ; and now like a resting spore, stripped of its mature increments, and reduced to the germinal elements of a later development.

Thus the essential feature of uterine physiology is that of alternating cycles, now of prolonged growth and activity, and now of prolonged latency and quiescence ; and in this paper we deal with the defective retrocession of the physical basis of the active cycle, into that of the latent period.

After Childbirth the Uterus undergoes entire Re-creation.

Now the histology of the pregnant uterus is very different from that of the uterine organ in its functionless stage ; thus, to note only the most marked sign of differentiation, the muscle fibre of the pregnant uterus is ten times as long and five times as thick as that of the quiescent period. Why the short muscle should be inadequate for the requirements of gestation is not clear. Large uterine fibroids and similar masses are composed of short muscle fibres.

Nature thus stamps the short muscle of the quiescent uterus as incompetent for the purposes of gestation, and a more highly differentiated tissue is specialised for the work. Gestation completed, the laws of physiological economics provide for the disintegration of this new mass of specialised tissue, now functionless. The researches of Lionel Beale on formed and formative matter clearly contravene the notion that by some juggle part only of the specialised gestation tissue is absorbed, the remainder undergoing such an extraordinary transformation that individual muscle cells of the specialised type are watered down into cells of the quiescent type. Yet this is the astounding fiction taught in text books, which append a *reductio ad absurdum* in setting forth that the gradual absorption of functionless tissue constitutes a heavy stress on the forces of the organism !

Both physiological law and clinical experience lend colour to the view that normally the whole mass of specialised gestation muscle necessarily disintegrates ; that the rapidity of this disintegration is controlled chiefly by the ease with which ordinary muscle fibre can be generated to replace it ; and that departures from this normal process are due to the defective genesis of new muscle and not to the too prolonged conservation of the old.

Aberrations are due to the Defective Genesis of New Muscular Tissue and not to Arrested Dissolution.

Sub-involution is the term given to aberrations from this normal course. Those who rely on parchment oracles still receive as true that sub-involution is practically an affair of the uterus. As well maintain that heart disease is merely an affair of the heart, or that gout is primarily an affection of the joints. Darwin has

established the view that the incidence of changes due to civilised life is first and heaviest on the reproductive system. We must look beyond the mere local issue, and discern in sub-involution the outcome of a stream of tendency. We note that the routine of urban life encroaches far too much upon the margin of easy recuperation, reserved by nature for such special stress as that of the puerperal process. In this light it is more than ever difficult to conceive that defective involution is a matter of retarded disintegration; that defective vital force can hinder retrograde changes in the gestation muscle; that metamorphosis, fatty or other, is actually a tax on the vitality of the organism. On the other hand, this scheme I present to you is adequate to the facts:—

That on the cessation of labour the gestation-muscle commences and continues to undergo degeneration and absorption.

That the tissue thus affected undergoes this change by virtue of the cessation of its function and the withdrawal of its special stimulus (that of gestation).

That degeneration of the old, and regeneration of the new tissues are simultaneous and reciprocal; and that immature gestation-muscle probably matures as permanent tissue.

That the bulk of the sub-involved uterus is due to the rank luxuriance of the new growth—to the defective trophic control over proliferation, due to the altered balance of local circulation. In other words, the circulatory defect precedes and conditions the trophic defect.

These views further make lucid a clinical enigma which otherwise lacks solution. What is the factor which makes puerpural convalescence as tardy as that from acute disease?

A gravida goes to term in the enjoyment of fair health; the pains are mild, the hæmorrhage inconsiderable, the fatigue of labour less than that of a day's tennis playing. The ensuing day finds the patient with no further demand upon her energies, if lactation be declined, and she rebels against confinement to bed. In a fortnight's time this same woman leaves bed with every sign of acute debility, and to regain the vigour of the *status quo ante partum* requires yet a full further month of circumspect supervision of routine. What

element has been intercalated, since the delivery, to tax and task the vital energies?

The clear enunciation of this problem indicates its own solution; for in physiology the constructive forces absorb energy, the destructive forces furnish it. Here is an inkling of the explanation; it is the reconstruction, the genesis of the uterine muscle with its new vessels and new nerves, and its co-ordination with the other bodily organs that absorbs the strength, that tells so much upon the vital forces, that requires for the time the full and undivided attention of the economy to its accomplishment. Its parallels are numerous and attesting; for wherever rapid reconstruction of tissue occurs, there also is for the time systemic debility.

On the Easy Derangement of the Regenerative Process.

The factors in the *post-partum* regeneration of the uterus are readily perturbed. It is the rapidity of the re-creation which is the disturbing element. The whole organ has to be renewed, so to speak, against time; and this at a juncture when active retrograde metamorphosis is carried on in the same place. Other factors contribute. For the formation of healthy tissue, an adequate supply of healthy blood is necessary; the venous and lymphatic circulations must remove all oxidation products; and the great emunctories of the body, chiefly the liver and kidneys, must be competent for the effective dealing with these. Now frequently the quantity of blood lost during parturition is not immaterial; its nutrient qualities are further impaired by portal congestion due to the necessary sedentary life, by the renal changes during pregnancy being scarcely yet rectified, by the limited oxidation of degeneration products which the liver can accomplish, by the necessarily limited dietary, and by the further demand, though normally healthy and desirable, of lactation. Any or all of these may limit the active constructive processes now going on in the uterus.

The Prime Factor is Vaso-Motor Derangement.

The first defect is a vaso-motor defect. The uterine attribute of retraction has shut off the overplus of arterial supply; but the abdominal and pelvic venous turgescence of pregnancy is slow to return to the *status quo ante gestum*. The uterine venous sinuses, the turgid

hæmorrhoidal veins, the distended pelvic venous channels, and part of the abdominal venous system, are in varying degree dilatory in reducing the expansion thrust upon them by the imperious process of pregnancy. It is probable that the lymph stream shares in the same tardy flow; and this circulatory stasis is a fit element for the growth of tissue, rank and luxuriant, but without the physiological elements of stability. From the venous stasis the uterine tissue is soaked and sodden with exuded plasma; the local veins are distended; the lochia are prolonged, copious and reddish; hæmorrhages on exertion or lactation easily recur; later a persistent leucorrhœal flux ensues, with correlation in the shape of limp ligaments, and a downward or a posterior displacement of the top-heavy uterus. It is the loss of tone of the pelvic venous system, the paresis of the vaso-motor apparatus of the veins, and the ultimate causes of these, that constitute the first obstacle to the restoration of the *post-partum* uterus to the normal.

The Secondary Issue is Deranged Tissue-generation.

The second defect is a trophic defect.

Following hard on the heels of aberration in vascular dynamics come aberrations in tissue regeneration. The uterine tissue, as specialised for gestation, is rapidly disappearing, but with choked lymphatics, sluggish venous efflux, and a fluid-logged stroma, the newly constructed uterine tissues are far from the normal physiological type. Defective pabulum means impaired reconstruction; and this holds good over the whole area of perturbed circulation. Replacing the disintegrating gestation-muscle there arises a mass of muscle cells, rank and luxuriant in growth, possessing none of the normal attributes of stability. These cells are rapid in growth, bulky in outline, inert in character, and limited in duration of life. They gradually are displaced by the more lowly connective tissue stroma; this less specialised structure, requiring less elaborated pabulum, increases and multiplies, gradually constituting more and more of the uterine mass, till in extreme cases scarcely a trace of muscle is left. The scene is now transferred from sub-involution to chronic metritis; and constitutes in the lower classes so frequent a condition as to be facetiously dubbed "Hospital Uterus."

Not here do the effects of *post-partum* trophic aberrations terminate. The uterine mucosa is reconstructed as defectively as the other uterine tissue elements, and in its constant and copious catarrh, and its accompanying menorrhagia, manifests its own departure from a healthy type. It protrudes through the rolled out uterine lips, and in adenomatous over-growth is obvious as the so-called uterine erosion. The abdominal tissues partake in the pelvic changes; and in the lax abdominal walls, the protuberant abdomen, the atonic and distended intestines, we see remoter evidence of the general wave of defective tone and nutrition, which is manifested chiefly in the pelvic tissues, because here the necessity for rapid reconstruction is paramount.

Sub-involution is an Issue to be controlled by Preventive Measures.

We should regard sub-involution as an issue as preventible as is ophthalmia neonatorum or puerpural septicemia. To control the *post-partum* changes by which the uterus is restored to the latent condition we must have a clear conception of the lines along which perturbing factors work. The scheme I have presented to you reduces these to two; aberrations in circulation and primary aberrations of the nutritive centres. If all roads lead to Rome, so may influences the most multiple and varied engender one or other of these discords, and destroy the rhythm of the uterine regeneration. Any cause, therefore, which depletes the bodily vigour, such as visceral and especially renal disease, or pyrexia, or insufficient food, or unhealthy environment, or any cause which embarrasses the pelvic or portal venous circulation, such as the uric acid diathesis, or constipation, or a too early resumption of the erect posture; or any process which inhibits the normal tone of the trophic centres, such as marked hæmorrhage, or mental anxiety, or any radical defect in nerve nutrition; these and many other perturbing factors may eventuate in a tardy return of the uterus to the *status quo*. *Tolle causam* is as essential a cause of successful practice here as elsewhere.

So much for the prophylaxis of the individual. To stay here would connote intellectual blindness as to the ultimate factors at work in the induction of these phenomena. Our observation must take a higher flight

and an ampler sweep. National modes of life afford us striking object lessons in the prophylaxis of nature against this and other uterine defects. Given a healthy and balanced rational routine of life, the prophylaxis is adequate; but under an artificial routine of the mainly urban type, the protective scheme of nature breaks down, and requires therapeutic supplement.

On the foregoing we can base a practical scheme for the effective treatment of sub-involution. The remedies for this condition naturally distribute themselves into two series, those rectifying the uterine and pelvic circulation, and those controlling uterine nutrition. Thus some such grouping as this results:

SUB-INVOLUTION.

Remedies germane to the
Circulatory Defect.

Nux vomica.
Belladonna.
Lilium tigr.
Sulphur.
Pulsatilla.
Etc., etc., etc.

Remedies germane to the
Trophic Defect.

Kali carb., chlorat., bromid.,
etc.
Aurum met.
Aurum et kali chlor., etc.

Potassium Salts have a Specific Affinity for Non-striped Muscle, and Kali Bromatum electively upon the Uterus.

Recent investigations on which I have been engaged point clearly to the fact that potassium salts exert a specific influence on the nutrition of the uterus. The potassium compounds do not manifest this control in an equal degree; the bromide, chlorate and carbonate rank highest in this quality; to these may be added the chloride, a little used salt, but exhibiting the potassium characteristics peculiarly well.

The *role* of potassium in the life history of the uterus is extensive and peculiar. Forty per cent. of the mineral structure of the uterine muscle consists of potassium. As iron is to hæmoglobin, as lime is to bone, as sodium is to bodily fluids, so is potassium to unstriped muscle. Its presence, and that in relatively large quantity, is essential to the integrity of the uterine muscle fibre. In no other tissue is potassium heaped up in such quantity. Clearly, therefore, when the uterine mass, as a *post partum* necessity, is being rapidly regenerated, the

trophic ganglia of the uterus have to quickly assimilate relatively large quantities of potassium into the rapidly growing muscle.

The striking counterpart of this is that pharmacologists are unanimous in ascribing to potassium in concentration an undoubtedly poisonous action upon non-striated muscle. Brunton shows clearly how small quantities of potassium salts invigorate this structure and increase its capacity for work. While stronger solutions paralyse and destroy the vital activities of the smooth muscle, of which the uterus is a conspicuous specimen, potassium salts thus stand to the uterus in the triple relation of food, stimulant and poison, these qualities being determined solely by the dose. I regret I am unable to cite any reliable observations on the results of the exclusion of potassium salts from the dietary.

*Potassium Salts Essential for the Rapid Regeneration
of Uterine Muscle fibre.*

Now the working hypothesis I have to present to you, based on these considerations, is that often after parturition the uterine trophic ganglia are unequal to the strain of the rapid manufacture of normal muscle fibre; that the uterine tissues thus generated are defective in vital and chemical integration; and that in part this defect is shown in the insufficient incorporation of potassium salts into the new muscle.

The physiological provings of the salts of potash show that the combinations of this alkali act primarily upon nerve ganglia, and secondarily upon muscle fibre. That this influence is of a trophic character seems to me highly probable; and the more so in that parallel phenomena are seen in the similar action of other drugs on tissue nutrition. Dr. Hughes has enunciated the proposition that of mineral elements used in bulk for tissue building, small doses, acting dynamically, will control the trophic process of selection of these from the food. Thus the administration of small doses of iron will accelerate the integration of iron in the hæmoglobin; small doses of lime or silica will stimulate the tardy absorption of these elements from the nutrient fluids; and I believe that small doses of potassium will increase and multiply the power of the nascent uterus in assimilating potassium salts in the requisite degree.

Now what clinical warrant have we for the employment of potassium salts in cases of sub-involution? Lawson Tait speaks of these in the highest terms as effective in restoring the sub-involuted uterine muscle to the normal. Bromide of potassium, says he, is a specific cure for simple sub-involution, but the benefit is derived from the potassium, and not, as is usually supposed, from the bromide. Bromide of sodium has had no such markedly beneficial results as the bromide of potassium; but the effects of this latter are quite equalled by those of chlorate of potassium.

This testimony, though specific, is in its nature empirical, and leaves the warrant for the use of potassium bromide and other salts as nebulous as before. I, seeking for an adequate explanation, was led to correlate the preponderance of potassium in smooth muscle, generally, with its therapeutic use in the constructive defects of sub-involution. Further, my experience with this remedy is, as with iron, that fractional doses are necessary in some cases, and tangible quantities in others. My dosage ranges from five drop doses of the 1x solution to five grains thrice daily; the clearer the indications are for the potassium bromide the minuter the dose; but I do not find it necessary to go beyond this maximum limit. Of the salts of potassium, the bromide is selected by nature to cover the widest area of abnormal pelvic conditions. Affections of the uterus proper are intimately bound up with extensions of the process to the other reproductive organs; and in the bromide we find a special capacity to deal with such extra-uterine lesions. Potassium bromide possesses an amplitude of powers to cope with associated uterine and ovarian troubles that no other potassium salt owns in any similar degree.

The Overgrowth of Uterine Fibrous Tissue in the Later Stages of Sub-involution.

The first stage of sub-involution corresponds to the genesis of deteriorated muscular fibre. The second corresponds to the replacement of this unstable growth by connective tissue. Trophic and circulatory defects, fatal to the continuance of a specialised tissue like muscle fibre, offer no let or hindrance to the free and unrestrained growth of a lowly structure like connective

tissue. Thus the altered circulatory dynamics, and the inhibition of adequate trophic control, allow the abnormal muscle cells to be weeded out, and replaced by the more hardy and less differentiated, connective tissue. Sachs has pointed out how in botanical matters, a lately introduced plant of a hardier type will gradually eliminate and replace the greater part of a less robust congener. The same process occurs in the case under consideration. I do not say the normal muscle is totally replaced; for even in the most chronically impaired uterus there exists a remnant of germinal muscle cells, awaiting more favourable conditions to regenerate the normal uterus. So that in the later stages of sub-involution, a double process of rectification is necessary, to stimulate the growth of normal uterine muscle, and to remove, as a pathological product, the connective tissue mass which has replaced it. I have spoken of the sphere of potassium in the former function; I now wish briefly to dwell upon the fitness of *aurum* for the latter.

Aurum in the Later Stages of Uterine Sub-involution.

The provings of *aurum* are hitherto, where reliable, too insufficient to deduce any such property therefrom. Clinical experience, up to the present, furnishes the only legitimate warrant for the use of *aurum* in uterine induration. Farrington goes a step farther, and says: The prolonged action of gold "causes a tendency to an overgrowth of fibrous tissue, whence result cirrheses." And again, that "gold has been used remedially for prolapsed and indurated uterus."

Hughes mentions the satisfactory experience of a French colleague with salts of gold in the treatment of uterine induration.

Hale extols its action in cases of chronic metritis, but gives no specific indications for the time or manner of its use.

A writer in the *Hahnemannian Monthly* for January, 1894, speaks of gold in the same way; but goes on to add that the salts of gold show in their provings the influence of their component parts. In this statement I entirely concur.

The Value of Aurum with Potassium as a Double Salt.

What emphasises the selection of gold for this condition is its influence upon the circulation, specially

where there exist congestive areas. It divides no honours with potassium in vivifying atonic uterine muscle, but a chemical combination of the two elements promises a resultant action which shall, in whole and in detail, effectively counter-check all the morbid elements of sub-involution. I found, on enquiry, that no such salt was in use; I obtained expert opinion that it was a possible salt, and commissioned Merck, the eminent chemist of Darmstadt, to send me a supply. I have had this properly attenuated and have used it, both in hospital and private practice somewhat extensively and with very gratifying results. Here is a specimen case:—

Mrs. X., æt. 40, now living in London, was kindly referred to me by Dr. Madden for treatment.

Her case was a typical one of the later phase of sub-involution, or chronic metritis. The uterus was much enlarged and bulky, the sense of bearing down was acute, backache pronounced, and constipation obstinate. A hyper-irritable condition of nerve, with frequent headaches, co-existed. But more important than all was a drenching metrorrhagia, so copious that it in itself formed a symptom of magnitude. She had, years ago, been curetted by a colleague for a similar condition, and I was inclined to fear a necessity for its repetition. Dr. Madden put her on a long course of the double bromide of potassium and gold, and in four months' time kindly sent her to report progress. The change was notable, and fairly surprised me in its extent and character.

The remedy was systematically continued for some months longer when the patient by letter reported herself as well, and spoke in the most definite terms of the efficacy of the remedy in removing her earlier and most troublesome symptoms.

Summary.

I regard potassium salts as a nutritive necessity to the regenerating post partum uterus.

I regard potassium salts, used in dynamical preparation, as essential for the rectification of those trophic aberrations which constitute the early stage of sub-involution.

I regard potassium salts, in their action on a sub-involved uterus, as acting essentially in a manner similar to iron in anæmia or calcium or silica salts in rickets.

I regard the conjoint use of some remedy out of series I. as necessary where a potassium salt is given, for the necessity is twofold—circulatory and nutritive.

I regard the use of aurum in the later stages of sub-involution as most valuable in the treatment of the indurated uterus, and its combination with potassium as furnishing an ideally complete drug, for the treatment of the main issues in sub-involution.

These views I have carefully worked out in practice, and I now commend them to your favourable reception.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

THE consultations were continued on November 1st and 15th, when the attendance of medical men was very satisfactory, being 28 and 21 respectively. Twelve cases were shown on the two days, many of exceptional interest, of which the following are examples:—

CASE VII.—*An Abdominal Tumour.*

Dr. Burford showed this case of movable kidney, complicated with marked albuminuria.

Patient was aged 52, had had four children, the menopause was completed three and a half years. Patient complained of pain in the right flank, which she had had for ten years. The pain was constant, and had latterly increased in intensity. It was of a pricking dragging character, and radiated into the groins. It occasionally made her sick, and was aggravated on exertion or standing. There was albuminuria in a marked degree.

Dr. Burford said the two points to consider were the albumen and the pain. *Lycopodium* much relieved the latter, and while she was taking it the albumen was rather less in quantity.

Dr. J. Galley Blackley said the treatment would depend on the result of the microscopic examination of the urine. If no blood corpuscles and no casts were

found, to operate. If signs of degeneration were found, *not* to operate.

Mr. Wright suggested that possibly a twist of the pedicle would cause albuminuria. If no casts were found he would advise nephrectomy.

Mr. Johnstone thought that it was difficult to decide if the albuminuria was due to organic change. If organic change were present, he considered an operation inadvisable.

Dr. Neatby thought that long continued displacement may ultimately cause disease of the kidney. If rest in bed caused diminution in the quantity of the albumen, he would advise an operation.

Mr. C. Knox Shaw said that if there were serious disorganisation he would advise abdominal section and removal of the kidney.

Dr. Burford stated that statistics showed that in 25 per cent. of the cases of displaced kidney, albumen was present in the urine.

CASE VIII.—*Multiple Spinal Sclerosis.*

Dr. Goldsbrough presented this case, which was attending his clinic, for suggestions as to treatment.

J. W., aged 22, single, a domestic servant.

Patient used to suffer from severe chilblains. Five years ago, while in a situation, trembling came on in the extremities when using them. She would drop things unless she was very careful, she needed to concentrate her whole attention on what she was carrying. Some months after the power of walking began to fail. She seemed to improve with rest. She then took another situation and failed again. The family history was good. There was no trace of nerve disease, tubercle or syphilis.

Present Symptoms.—No headache or vertigo; sight good; slight diplopia on looking to the left; smell and taste normal; no nystagmus; on attempting to grasp anything with either hand the power exercised is feeble, and accompanied with marked trembling of the head, hands and legs; sensation is normal, both common and tactile; superficial reflexes absent; knee jerks exaggerated; ankle clonus marked; she walks with a spastic gait.

Appetite and digestion good. Bowels regular. Catamenia only every three to four months.

Dr. J. Galley Blackley suggested beginning the treatment with *ignatia*.

Dr. Carfrae considered the case hopeless, but suggested *naja*.

Dr. Neatby suggested *lathyrus* 3 to 6, and referred to Dr. J. H. Clarke's reported cases of improvement with this drug.

Drs. C. Wolston and Epps suggested *argent. nit.*

Dr. Lambert thought *mercurius* and *zincum* were indicated, and that the action of *lathyrus* was more unilateral or was confined to the lower limbs. He considered the case cerebro-spinal.

Dr. Day demonstrated the patient's inability to touch her nose with her finger, when her eyes were closed. He had seen *agaricus* relieve symptoms similar to patient's in choreic cases, and suggested its trial.

CASE IX.—*Hepatic Disease.*

Surgeon-Major H. E. Deane brought up this case for suggestions as to treatment.

The history of the case was as follows :—

Female, aged 51, passing through the climacteric, which set in two years ago. Patient had influenza in 1893 and 1895. Five years ago patient was suddenly seized with acute pain in the right shoulder, which spread all over the body and lasted for about a day. She was free from pain for fifteen months when she had a recurrence of the acute pain, with vomiting and inability to retain anything on the stomach. She has never been jaundiced.

Since that time the attacks have been getting more frequent, sometimes setting in with diarrhoea. The urine was high-coloured during the attacks and the stools very dark. At the present time, if she takes any food, the pains come on violently and with vomiting. The vomited fluid is frothy and bilious, but not dark, and the emesis relieves the pain. Patient has drunk large quantities of water, cold in hot weather and hot when the weather was cool.

Dr. C. Wolston was of opinion that patient was suffering from a gall bladder filled with gallstones, that

the gallstones were not able to pass and so did not stop up the duct, wherefore the absence of jaundice.

Mr. Dudley Wright thought the case one of early malignant disease of the stomach or duodenum. He could not feel any distinct tumour such as a gall bladder. He advised a laparotomy, which was quite possible now, and could do no harm.

Dr. Lambert thought the lesion a malignant disease of the stomach.

Dr. Epps thought, from the wasting and the general cachectic appearance of the patient, that she was suffering from malignant disease of the stomach.

Dr. J. Galley Blackley agreed with Mr. Dudley Wright. He did not think the gall bladder distended. He had never seen a case of over-distended gall bladder without jaundice.

The following week patient was placed under an anæsthetic, when distinct thickening in the region of the duodenum could be felt, but there was no enlargement of the liver or gall bladder. The lesion was considered to be malignant disease of either the duodenum or of the head of the pancreas, probably the latter.

The patient would not allow any operation to be performed, and no medicinal treatment was advised. *Cholesterin* was suggested.

CASE X.—*An Abdominal Tumour.*

Mr. Dudley Wright showed this case.

Some six weeks before, Mr. Wright had removed the right lobe of the thyroid gland, which was much enlarged, and was causing considerable trouble from pressure on the trachea and on the blood vessels and nerves in the right anterior triangle.

Mr. Wright showed the case, as a large secondary tumour had developed in the right abdomen. There was no doubt as to the abdominal tumour being of a malignant character, as the microscopic examination of the removed thyroid showed carcinomatous change taking place.

As the woman was suffering from considerable deformity of the chest, with cardiac complication, and did not take an anæsthetic well, Mr. Wright did not advise any further operative interference. Dr. Galley Blackley agreed in the above decision.

CASE XI.—*An Occipital Swelling in a Child.*

Dr. Wynne Thomas exhibited this case of a young child with a small semi-fluid elastic tumour, about the size of half a pigeon's egg, on the posterior fontanelle which had been noticed from birth. The tumour was painless, and covered with a tuft of long, dark hairs.

Mr. C. Knox Shaw thought the case one of spina bifida, Mr. Johnstone either spina bifida or a dermoid, Mr. Dudley Wright that it was a meningocele, and Mr. Gerard Smith that it was nævoid. They advised no operative interference as long as the tumour remained in its present small size.

CASE XII.—*A Mammary Tumour in a Male.*

Mr. James Johnstone exhibited this man, who was attending his clinic. There was an apparent tumour surrounding the left nipple of some months' duration. The swelling was about the size of half a small tangerine orange, of indefinite outline and painful only after pressure from fingering or from the brace crossing it. The patient was broad-built, somewhat obese, and about 45 years of age.

Mr. Knox Shaw was of opinion that there was not any tumour present, only excessive adipose tissue and some mastitis. He advised that the tumour, so-called, should be left alone and not fingered; that *phytolacca* be given; and perhaps a *belladonna* plaister be applied to cover the swelling, and so prevent its being squeezed, and to withdraw patient's attention from it. The *phytolacca* would act in two ways, as an antifat remedy, and from its known action on the mammary gland.

Dr. Blackley suggested *clematis*, which he remarked acted well in women, why not in men?

Dr. Burford said the swelling was probably analogous to those found in young girls, and due to the same causes. He considered it an increase of the normal tissues.

Mr. Johnstone thought that the removal of the irritation and pressure of the brace had done good.

Mr. Wright agreed with Mr. Shaw's remarks. He had seen good from *phytolacca*. He had many similar cases in his clinic; in 25 per cent. the tumour disappeared, in 50 per cent. of the remainder the *symptoms* were

removed by treatment, and in the other 50 per cent. treatment did no good.

Dr. Ord said after *conium* had been given, *silicea* was of service.

(To be continued.)

PHLORIDZIN AND DIABETES MELLITUS.

By J. GIBBS BLAKE, M.D., Lond.

Physician to the Birmingham Homœopathic Hospital.

At the present time there is a curious division of labour in the rival schools of medicine. The allopathic doctor of medicine makes experiments with various drugs on healthy animals, and now and then produces symptoms of a spontaneous disease; *nitrate of uranium* and *phloridzin* are examples of this. Then the homœopathic physician utilises these drugs, guided by the principle of similars, in the treatment of disease. The allopath has another turn; he adopts the homœopathic treatment and abuses the law of similars, thereby diverting attention from the plagiarism.

I have collected some experiments made with *phloridzin*, but have not quoted all of them because some so completely cover the same ground as others.

Phloridzin ($C^{24}H^{24}O^{10}$) is a glucoside extracted from the bark of the stem and root of the apple, pear, plum and cherry tree. It occurs as minute pinkish white crystals, sparingly soluble in water and readily so in alcohol and ether. It is easily broken up by fermentation or dilute acids into phloretin and a glucose called phlorose.

V. Mering* happened to find that *phloridzin* produced artificial diabetes, and experimented with it with the view of throwing light upon normal sugar formation and upon the unexplained facts of diabetes mellitus. He found that this glucoside, *phloridzin*, produced a large amount of sugar in the urine of geese, dogs and rabbits. He gave a gramme of this substance, by the stomach, to every kilogramme of the weight of the animal. He repeated the experiments, and found that after a few hours sugar always appeared in the urine, to the extent sometimes of ten per cent. The amount of sugar was independent of the kind of food given, for when the dogs

* *Verhandlungen des Congr. für Innere Med.* Wiesbaden, 1886, s. 185.

were fed for a week entirely on fresh meat or had only hydrocarbons, the results were nearly the same.

Phloridzin produces sugar even when dogs are kept without food till the liver and muscles were free from glycogen. Also when the liver was rendered fatty by *phosphorus*, the *phloridzin* produced a large amount of sugar in the urine. V. Mering states that *amyl nitrite*, *curara*, *carbonic oxide* and puncture of the fourth ventricle only produce glycosuria when the liver contains glycogen, and differ in this respect from *phloridzin*, which produces glycosuria even when the liver is extirpated.

V. Mering also found that urea was increased by giving dogs *phloridzin*, and concludes that the disintegration of albuminoids is accelerated thereby.

M. M. G. Sée and E. Gley* made dogs diabetic by causing them to swallow *phloridzin* in the proportion of one gramme per kilogramme of their body weight. Under these conditions the urine of the animals, even the first day of the treatment, contained from 10 to 12 per cent. of glucose. The glycosuria ceased with the administration of the *phloridzin*.

The quantity of sugar was found to be the same whether tested by polarization or by Fehling's solution. Also the glucosuria was produced whether the *phloridzin* was introduced by the stomach or by intravenous injections.

The same results, as regards the production of sugar, were obtained when the animal was fed on a mixed diet of bread and meat, on meat without fat, or on fat entirely, although there was a little less sugar in the two latter cases. "These facts are interesting, because, as all the glycogenic material in an animal to which *phloridzin* has been given is very rapidly destroyed, as Von Mering has demonstrated, they prove that the glucose can be formed in the organism at the expense of the albumipoid materials and fats."

"The animals, in a few days, became very voracious, and, if not abundantly fed, rapidly got thin. This glycosuria therefrom is accompanied by polyphagia."

Except for the presence of the sugar in the urine, its

* *Recherches sur le Diabète Expérimental.* Comptes Rendus, cviii., p. 84, 1889.

characters were very little altered. The quantity of urea seemed to be slightly diminished.

“By administering from 2.5 to 4.8 grms. of *phloridzin* daily to young dogs (weighing 2,700 to 4,800 grms.) in the proportion of 1 gm. per kilo of body weight, there ensues an excretion of sugar lasting from twenty-four to thirty-six hours, and amounting to from 5.89 to 12.45 grms. At first I gave the *phloridzin* in one dose, later in gramme doses every two or three hours, without any notable difference in the amount of sugar excreted. In three experiments some diarrhœa was set up.”*

These experiments were undertaken to show the effect of *syzygium jambulanum* in controlling the excretion of sugar in artificial diabetes. Whether the *jambul* was given before, with, or after the *phloridzin* it was found to diminish the sugar one half, and in one case 85.7 per cent.

Moritz and Prausnitz† made experiments on dogs dosed with *phloridzin*. They say “*phloridzin* diabetes is analogous to the severer forms of human diabetes, as it takes place when the diet consists entirely of meat, of hydrocarbons, or of fat, and when the dogs are kept without food.”

Cornevin‡ found that the subcutaneous injection of an alcoholic solution of *phloridzin* (10 and 20 grammes) under the skin of the thorax of a milch cow produced glycosuria. The urine contained no trace of sugar before the injection of the drug. The sugar in the cow's milk was increased to about double the normal quantity.

Dr. P. A. Levene, under the heading of “Studies in Phloridzin Glycosuria,” gives in the *Journal of Physiology*, vol. xvii., 1894, page 259, the following interesting proving of the drug:—

“The glycosuria that appears after the use of *phloridzin* raises many points that are of value in elucidating the subject of sugar formation. This drug produces a glycosuria which, as all agree, is due to increased production and not to diminished consumption of sugar

* Dr. C. Graesser, *Lancet*, 1889, vol. 11, p. 902.

† Abstracted in *Centralblatt für die Med. Wiss.*, 1890, p. 771, from *Zeitschr. f. Biologie*, xxvii., 81.

‡ *Influence de la Pilocarpine et de la Phloridzine sur la Production du sucre dans le lait.. Comptes Rendus*, T., cxvi., 263.

within the organism, and has its source in the proteids of the body.

“Further, *phloridzin* glycosuria upsets the idea of the exclusive or predominating activity of the liver in sugar formation, and has attracted the attention of physiologists to the part played by the kidneys in producing diabetes.

“*Phloridzin* glycosuria has been produced after extirpation of the liver, and after fatty degeneration of the liver has occurred. With a view of determining the part played by the kidneys in the production of *phloridzin* glycosuria, Levene gives the results of a series of experiments upon the action of *phloridzin* on dogs. In the greater part of these experiments the results are useless, from a pathogenetic point of view, because they consist of ligature of the renal blood-vessels and extirpation of the kidneys. Dr. Levene himself quotes Paschutin, a Russian authority, who by a number of experiments found that a tissue or organ may undergo carbo-hydrate degeneration after its nutrition has been disturbed, and these carbo-hydrates may be eliminated in the form of sugar.”

The comparison which Dr. Levene draws between *phloridzin* glycosuria and spontaneous diabetes is interesting, too, as showing the close relationship between the two.

Dr. Levene says:—

- “Summing up the results of the above experiments, and comparing them with those found in spontaneous diabetes, we find by experiment with *phloridzin* almost a constant decrease of the general amount of proteids and a varied relation between the serum albumen and the serum globulin. Serum albumen is usually decreased in quantity, serum globulin increased. These results are important, inasmuch as they tend to show increased decomposition of the proteids in the body; this relation is also observed in fasting. The possibility of fasting being a factor in the above cases, is excluded, however, by the fact of food having been given to the animals throughout the experiments, except in No. V.

“The ethereal extract, containing fat, cholesterin, and lecithin is in most cases increased, which again agrees with spontaneous diabetes (Jaksch, Gamgee).

“As to the substance most essential to diabetes, the sugar, I have, like others, frequently found some decrease of it in the blood. But this is by no means constant; and there are also cases of increase of sugar. (See Exps. III, and IV.) It is also true that the fluctuation of the amount of sugar, in either direction, is in most cases very slight. In my opinion it is difficult to explain it by the mere extraction of the sugar from the blood. Such explanations are all the more improbable, since the decrease of sugar in the blood is not proportional to the quantity of sugar eliminated by the urine, as we might have expected, if we accepted the elimination theory.

“On the other hand, we do frequently observe that a relatively higher amount of sugar in the blood is accompanied by its increased elimination in the urine. But increased glycæmia is not a necessary concomitant of spontaneous diabetes. ‘Es ist nicht richtig dass die gesteigerte Glykaemie eine nothwendige Bedingung für die Glycosuria ist,’ says Seegen. This opinion he bases upon an examination of a considerable number of patients suffering with diabetes, whose blood did not contain an amount of sugar above the normal. Consequently, in this respect, *phloridzin* glycosuria does not differ from what is observed in diabetes mellitus.”

These experiments show that *phloridzin*, very constantly in different animals and under various conditions, produces a glycosuria which resembles spontaneous diabetes in every respect.

The glycosuria is more constant than that produced by *nitrate of uranium*, but the coarse effects produced by these experiments in animals do not give us the fine symptoms necessary to differentiate these two drugs.

As far as Dr. Graesser's experiments go, they show that the action of *jambul* is antagonistic to that of *phloridzin*, and that it has no power to produce spontaneous diabetes. Large doses are required to control the sugar formation, and it is evidently not a homœopathic remedy for diabetes mellitus. *Phloridzin*, however, is distinctly indicated, and I have used it since the summer of 1894. The results have been, in some cases, very satisfactory; other cases are still under observation, so that the cases treated with *phloridzin* will form the subject of a future paper.

IN DEFENCE OF THE LAW OF SIMILARS AND THE LAW OF CONTRARIES.

By PERCY WILDE, M.D.

IN the first of a course of post-graduate lectures, delivered at the London Homœopathic Hospital, Dr. Richard Hughes gave what must be considered an official account of the doctrines of the homœopathic school.*

The address raised many difficulties in my mind, and conveyed the impression that it was hardly calculated to stimulate the enthusiasm of a scientific enquirer, even if previously inclined to accept the truth of the law of similars.

It is possible that my impression is erroneous, but there appears to be sufficient reason for endeavouring to obtain some definite opinion from the individual members of the homœopathic school as to whether they accept or reject the doctrine of homœopathy as laid down by Dr. Hughes.

It is not my object to subject the learned author of this address to adverse criticism, because we all agree that there is no more frank and earnest worker in the field of therapeutics, and if any facts are elicited which may modify his statements, he would be the first to admit their validity.

Dr. Hughes states:—"1st. You will observe that Hahnemann's formula is not, as commonly given, *similia similibus curantur*—likes are cured by likes, but *similia similibus curentur*—let likes be treated by likes. It does not state a law of nature, it gives a rule of art—'to cure . . . choose.'"

This statement invites the questions—

Do the homœopathic school regard the law of similars as a "formula" invented by Hahnemann, or as the expression of a great natural law, recognised by the ancients, and which belongs to the earlier foundations of therapeutics?

Do the homœopathic school claim to base their practice upon a "rule of art" which does not represent a law of nature?

If we accept the position, as Dr. Hughes appears to present it, we voluntarily give away the substance of our belief, and expose ourselves as the worshippers of a

* *Monthly Homœopathic Review*, January, 1896.

“formula.” Hahnemann said, “Let likes be treated by likes,” therefore we treat people in this manner. We ignore the fact that the law of similars, and the law of contraries, were laid down as the basis of medical practice by the ancients, and constitute the guiding rules of therapeutics as taught by Hippocrates. They have both suffered very much at the hands of commentators, but the fact remains that the physician who is called the “Father of Medicine” taught that *both* were true. This is important, because in explaining the meaning or application of the one or the other we are bound to take into account that the greatest exponent of the law of contraries found no difficulty in accepting the law of similars.

It was open to Hahnemann to give any reason or explanation of the law of similars which appeared just to him, but in reference to the words in which either law is stated, he has no more right than any other commentator to alter the text. The disadvantage of doing so is made manifest by the numerous errors into which both Hahnemann and his disciples have been led in consequence. “Like things are cured by like things,” is a statement of fact, a generalisation respecting natural phenomena, it does not assert that “Like things are *only* cured by like things.”

Hahnemann alters it to “Let likes be treated by likes” and then defines it, “Choose in *every* case of disease a medicine which can of itself produce an affection similar to that it is wished to cure.”

Historically, this is a false interpretation of the law of similars. It implies that in *every* case of disease the physician must employ a *medicine*. This is neither in accordance with the teaching or practice of Hippocrates, nor is it a scientific or rational mode of treatment.

But Hahnemann, having adopted this false interpretation of the law of similars, it is easy to understand Dr. Hughes’ definition of homœopathy:—

“Homœopathy is thus a therapeutic method. It belongs, moreover, exclusively to that part of the therapeutic sphere in which drugs are our instruments.”

If this is accepted as the position of the homœopathic school, it is one which has no basis in science, and the falsity of which can be scientifically demonstrated. It involves the proposition that drugs have some inherent

or peculiar properties which distinguish them from other physical agents in their action on vital elements, so that a law which applies to drugs does not apply to other physical agents.

In Hahnemann's days, the mystic astrological halo had not wholly departed from drugs, but at the present time we can only recognise a drug as a physical agent which is subject to physical laws. When applied to the human body it is a force set in motion, which will continue *in one direction* until its motion is expended. Its action will increase in mathematical proportion to its intensity (or dose).

When Hahnemann speaks of the primary and secondary action of drugs, he stated a fact in wrong terms. The "action" is not that of the drug, but of the vital element against which it strikes. The result is a vital action in contradistinction to a physical action, and is therefore subject to vital laws, instead of physical laws.

The laws which govern the reaction of vital elements to agents which disturb their functions are as definite and precise as physical laws; but in their material difference from physical laws lies the truth of the law of similars. "It was some time a paradox, but the time gave it proof."

I.—The reaction of vital elements to stimuli follows the same law, whether the agent causing the stimulus be a chemical, thermal, mechanical, or electrical agent.

II. The law may be stated thus:—

A maximum stimulus abolishes the functions of the vital element either completely or temporarily.

A medium stimulus stimulates the functions of the vital element, such stimulation being followed by exhaustion, the result of over stimulation.

A minimum stimulus increases the function of the vital element, and when this element is previously weak such stimulation restores the normal balance, and is not followed by exhaustion.

These laws are true of all vital reactions to stimuli. The *form* of the stimulus does not vary the effect; it may be a chemical, electrical, thermal or mechanical agent, providing it is capable of stimulating the vital element to which it is applied, the result will be the same, viz., an increase or decrease of the functions peculiar to the vital element itself. The nature of this

increase or decrease depends entirely upon the intensity of the stimulus, *not* upon its *forms* or upon any powers inherent to the physical agent. It is obvious, therefore, that any therapeutic rule or law *must* include *all* agents capable of affecting vital functions.

It is equally obvious that in selecting the degree of intensity of the agents we employ (*i.e.*, in regulating their dose) it is only the minimum stimulus which can be regarded as a pure restorative.

In this we have a demonstrable scientific basis for that portion of therapeutics which concerns itself with the application of remedies, whether they be drugs or other physical agents.

The art of the physician is to select that restorative which is capable of stimulating the weakened vital element. It is the law of similars which guides us to this selection.

At the Homœopathic Congress two years ago, I proposed a question, "Is there any symptom which calls attention to itself which is not due to a lowering of vital energy?" I have not yet heard a negative answer to the question, although its affirmative involves an entire change of view respecting so-called sedative and stimulant drugs. If I blow through a tube I produce no sound which calls attention to the act. If I contract this tube at one end and make a whistle, by blowing through it I produce a sound which will excite attention. It is not the increase of the force, but the interruption to its passage which produces the symptom. At this particular point both physical and vital laws appear to converge. The existence of natural force is only revealed to us when something occurs to hinder their passage. It is when the force is interrupted that it calls attention to itself. A symptom is the method by which the knowledge is conveyed to us that the energy of some vital element is lowered. Therefore, if we know the symptom that any agent is capable of producing, we know that when similar symptoms are presented by disease, that this agent will be capable of stimulating the energy of the particular vital elements concerned in the production of these symptoms, if given in a dose of sufficiently low intensity as to avoid exhaustion.

The law of similars is an expression of a great natural law, capable of scientific demonstration, and applies to every agent capable of affecting vital functions.

I do not wish to detract for one moment from the merit which belongs to Hahnemann of extending and rendering possible the more general application of the law of similars. But it would be scant respect to his memory, as a great reformer, if we shut our eyes to the progress of science, and said, "this may be quite true, but it is not homœopathy."

It was Hahnemann's misfortune to live in pre-physiological days, but as he used all the accessible knowledge of his time to prove the truth of the law of similars, so he would now use the results of modern physiological research to place the principle of the law of similars on a scientific basis. Hahnemann did not appear to understand the law of contraries as propounded by Hippocrates, and fell into a mistake which has been repeated by every commentator of both schools. He regarded the law of contraries as the antithesis of the law of similars. The law of contraries was supposed by Hahnemann to mean allopathic practice, and he applies it always in that sense. There is nothing in Hippocrates' law of contraries or his practice, which supports the method known as allopathy. The "contrary" does not mean the contrary to the symptom, but the opposite condition to that causing the disease. *Contraria contrariis curantur* is simply a direction to the physician to investigate the cause of the disease and place the patient under conditions of an opposite character.

It is curious that so learned and thoughtful a man as Hahnemann should have fallen into the mistake of supposing that the law of contraries gave support to allopathic practice, for as he himself says, "Only one important part of the medical art was this favoured son of nature (Hippocrates) destitute of, else had he been completely master of his art, the knowledge of medicines and their application. But he did not affect such a knowledge; he acknowledged his deficiency in that he gave almost no medicines (because he knew them too imperfectly), and trusted almost entirely to diet." *

This is the physician who propounded the law of contraries as a basis of practice, and which law is supposed to give authority to the practice of allopathy, a method which relies entirely on drugs.

Hahnemann is not quite accurate, for Hippocrates

* *Art. Æsculapius in the Balance.* (Hahnemann's *Lesser Writings*, 1851, p. 481).

used some drugs, and did not rely entirely upon diet, but used heat and cold as his chief therapeutic agents.

To clear up this mistake it is only necessary to quote Hippocrates' own statement of the law of contraries.

* "And it is a most important consideration to determine what is the *cause* of disease, and what is the beginning and fountain-head, as it were, of the evils of the body, for if one be acquainted with the *cause* of the disease he may be able to apply the suitable remedies to the affections of the body, judging of disease by these contraries, for the mode of cure is that which is most in accordance with nature. Thus, for example, hunger is a disease, for whatever afflicts man is called a disease. What, then, is the cure of hunger? Whatever will allay hunger, that is to say, food, and by which the other is to be cured. Again, drink cures thirst, and, moreover, evacuation cures repletion, and repletion evacuation, and rest labour, and labour rest; and, in a word, the contraries are the cure of contraries.

The law of contraries is therefore nothing more than a direction to the physician to discover the *cause* of the disease and to remove it. He must, to find the cause, go back to the "*beginning and fountain-head*."

This teaching does not give authority for the use of antipyretics in fever. The contrary to a fever is to be found in the *cause* of the fever, and not in the symptom. This is clearly explained by Hippocrates, who recognised that in the air, climate and foods the cause of the fever was to be found.

Hippocrates used warm baths in the treatment of fever to promote the action of the skin; the fever itself was regarded as a beneficial symptom.

This method has been adopted for many years at the Bell Homœopathic Hospital, and is in accordance with the law of similars. Warmth is the minimum stimulus of an agent which, used in the maximum, will produce all the symptoms of fever more rapidly and more certainly than any other known agent.

Again, *Aphorisms of Hippocrates*, Sec. V., No. 20, states that cold causes tetanus. The next aphorism is (21) "In the case of a muscular youth having tetanus without a wound, during the midst of summer, it sometimes happens that the effusion of a large quantity

of cold water recalls the heat. Heat relieves these diseases."

Throughout Hippocrates' writings we have the use of heat to cool the body, and the use of cold to cause heat. The *remedy* is selected according to the law of similars, after the cause has been removed, when possible, by the law of contraries.

It is no necessary part of the belief of those who accept the law of similars in the choice of remedies, to dispute the law of contraries, because they refer to different things. The contrary to the causes, the similar to the symptoms.

In most cases we use both, in many cases the removal of the cause is alone sufficient. It is necessary that we should make this clearly understood, and also that our practice is not only based upon the principles laid down by the Father of Medicine, but is supported by every fact known to physiological science.

Let us state our views in a manner which shows that we recognise both the ancient and modern foundations of the law of similars, and not use a terminology which belongs to the last century, and which on account of its inaccuracy has frustrated our efforts to make the great truth of the law of similars accepted. I am sure that Dr. Hughes will recognise that I write only with a view to the advancement of the truth. He has already done so much to render it acceptable to those whose training has prejudiced them against it, that I trust he will assist us by his aid and counsel in a truer definition of our position, which appears to be of great importance to the future of the homœopathic school.

REVIEWS.

Hints in Domestic Practice and Home Nursing. By ANNA TEMPLE LOVERING, M.D. Boston and Providence: Otis Clapp & Son. 1896.

WE have no doubt that this well got up little volume forms an excellent advertisement for the publishers. We prefer a frank advertisement, such as the preface acknowledges this to be, even if a little medicine or nursing has to be thrown in to make it attractive, to a book which ostensibly is a professional or scientific work, but really is a studied advertisement of a chemist or a doctor.

We think and hope that no English lady doctor would care to compile such a work—or attach her good name and fame to such a compilation.

NOTABILIA.

THE NEW CRUSADE AGAINST HOMŒOPATHY.

At the annual meeting of the British Gynæcological Society, on the 9th ult., the President moved the adoption of the following new bye-law recommended by the Council :—" That it is undesirable that any member of the medical profession practising homœopathy should be proposed as a fellow of the Society."

Dr. G. H. Burford hoped this was intended merely as an academic expression of opinion, and not a matter of society policy. When the society was founded, invitations were sent to many men interested in gynæcology, inviting them to join ; and no test of opinions was hinted at. To introduce such a test now would be, he thought, a putting back of the hands of the clock ; it would be a reversal of the whole policy of the society. He would like to know what had occurred to warrant this proposal.

The President stated that the proposal had resulted from a letter received from the Editor of *The Lancet*, asking how many homœopaths there were in the society, and suggesting that it was undesirable that such should be admitted fellows.

Dr. Carfrae moved as an amendment that this bye-law be not adopted, and, continuing, said that it would be necessary, if the resolution were passed, to define what was meant by homœopathy, as probably every fellow of the society practised some homœopathy, more or less unconsciously. He instanced the use of *antitoxin* in diphtheria as a case in point, and cited Sir G. Murray Humphry's views on vaccination and its relation to homœopathy as further illustrating unconscious homœopathic practice.

The amendment having been seconded, Dr. Heywood Smith said he did not champion the cause of homœopathy, but he thought it would be a mistake for a gynæcological society to adopt such a bye-law. Surgical principles were the same whether practised by allopaths or homœopaths. If it were a pharmaceutical or clinical society, where medicinal treatment was a prominent substitute of discussion, it might be different.

The *amendment* was put to the meeting and negatived, being supported by only four votes. The *original motion* was then put and carried.

MEDICAL EDUCATION IN THE UNITED STATES.

In a recent number, the *Medical Record* enumerates the medical schools of the United States which absolutely require a four years' course for graduation. Of one hundred and forty schools, fourteen are mentioned ; and of these, four are

homœopathic. By some oversight, however, the name of Hahnemann Medical College of Philadelphia, which two years ago announced its lengthened course, is omitted. That of these fifteen schools of highest standard five, or one-third, should be homœopathic, is certainly a noteworthy circumstance.—*Hahnemannian Monthly*.

CANTHARIDES IN ALBUMINURIA.

DR. DESSAN, of New York, writing in the *New York Medical Times*, says that his "use of cantharides in acute and sub-acute desquamative nephritis was based upon the results obtained by Prof. Cornil, of Paris, in his original investigation of the "Histological Lesions of the Kidney in Albuminous Nephritis," published in the *London Practitioner*, vol. 27, p. 110. Prof. Cornil poisoned rabbits and dogs with various doses and preparations of cantharides, and found lesions in the preparations of their kidneys that he freely admits it would be impossible to distinguish from those of a child dying from diphtheria, with albuminuria, or scarlatina. He observed, from doses of two-fifths milligram., subcutaneously injected, intense congestion affecting the glomeruli, increased tension of blood in the vessels, the passages through their walls of its liquid constituents of serum, carrying granules along with it, and of some red and white corpuscles, which accumulated in large numbers in the cavity of the glomerulus. At a later stage inflammation shows itself in the straight and collecting tubes by multiplication of the cells and modification of their form, and by migration of leucocytes. The mucous membrane of the bladder, intestine, larynx, trachea and bronchi were also found inflamed. Believing firmly in the theorem that the primary physiological action of a remedy or minimum dose is the direct opposite of its secondary physiological action or poisonous dose, and that the primary physiological action of a drug exerts a therapeutical effect in a disease whose symptoms resemble those produced by the secondary physiological action of the same drug, I felt confident that cantharides was not only the best indicated, but as shown by Cornil, a scientific remedy for scarlatinal and diphtheritic nephritis, and I was happy to find from practical experience that my confidence was not misplaced."

CALOMEL.

THE following article extracted, says *The New York Medical Journal of the American Medical Association*, shows how much of the advanced literature of the present time is borrowed from the teachings of the new school.

“ Dr. W. Blain Stewart has made a clinical study of the use of *calomel* in 144 cases, chiefly of gastro-intestinal disorders. He finds that one grain of thoroughly triturated *calomel* is equivalent to five to ten grains of the untriturated drug. If given for its purgative effect, or for its action on the liver, one tenth of a grain triturated is administered every hour or half hour until free evacuation occurs, or 1 grain is taken ; then, if necessary, ounce doses of *liquor magnesiæ citratis* can be given until free action of the bowels is obtained. The drug is not a direct diuretic *per se*, but it may act indirectly to a slight extent, simply by its general stimulating action upon the emunctories of the entire body, thus favouring secretion, excretion, and the elimination of intestinal ptomaines and systemic poisons, all of which act unfavourably upon the the secretory and excretory organs when present. Seventeen cases of diarrhœa, due to ingestion of improper food, were speedily cured by $\frac{1}{2}$ of a grain of triturated calomel, and one half this quantity of podophyllin, every two hours. Nine cases of so-called bilious diarrhœa in adults responded rapidly to $\frac{1}{4}$ grain doses every four hours. Sixty-eight cases in children received a saline cathartic as preliminary treatment then $\frac{1}{100}$ of a grain each of calomel and powdered ipecacuanha was given every one to four hours with ‘marvellous’ results. Twenty-five cases of obstinate diarrhœa, which had been running some days before consultation, responded rapidly to a combination of $\frac{1}{10}$ of a grain calomel and one grain each of lacto-peptine and zinc sulpho-carbolate, given every two to four hours. Four cases of diarrhœa in typhoid fever were markedly benefited by the same combination. In the diarrhœa following excessive use of alcoholic liquors, excellent results were obtained from $\frac{1}{40}$ of a grain of calomel and $\frac{1}{100}$ of a grain of podophyllin every three or four hours. This clinical testimony is advanced to show the efficacy of calomel and its eliminative power, as contrasted with the evil routine methods of using astringents and opium in the treatment of diarrhœa.”

CAMPHORATED SALOL.

DR. BOWER, in the *Boston Medical and Surgical Journal*, recommends for boils and carbuncles a preparation made by moistening one part of camphor with a few drops of alcohol, and rubbing in a mortar with one-fourth part of salol till a transparent fluid is obtained, which he calls *camphorated salol*. A change takes place in from twelve to twenty-four hours ; pain diminishes, and the tumour becomes progressively smaller, without the formation of pus. The part is covered with cotton soaked in the remedy, with an impenetrable covering outside.

TREATMENT OF CANCER BY INJECTION OF ALCOHOL.

DR. J. W. YOUNG writes in the *Charlotte Medical Journal*:
“For several months I have been injecting alcohol, with a common hypodermic instrument, into various tumours, and I have been surprised many times at the rapid diminution in the size and appearance of the mass. I find that if too much alcohol is injected at any one time there is a little danger of the sloughing of the subject, but with ordinary caution there is little danger of these accidents. My plan is to inject ten to twenty minims in one side of the tumor, then as much in another place, and continue until every part is touched by the alcohol. My aim is simply to get absolute alcohol in small quantities on every abnormal cell in the neoplasm and I do not use in all more than one or two drachms at one sitting. I am of the opinion that absolute alcohol blights the cancerous cells of every variety, and destroys their proliferating power, and if used before the cells are disseminated through the system a permanent cure can be made by this means. I have injected pure alcohol in a cancerous cervix, getting a little alcohol to every diseased part, and have watched them apparently get well. If there is sloughing in a part of the cervix after injecting, I pack around and in the cavity gauze wet with this remedy, and have seen healing take place when I did not expect it. My plan is to inject tumours every third or fourth day, waiting each time long enough to be sure of the results of each injection before using the next time. The pain produced is sometimes quite severe, but most individuals will endure it when given to understand that a cure is likely to result without the use of the knife or caustics. Cocaine can be used, if necessary, with a sensitive individual, without detriment to the action of alcohol on the tissue. The purer the alcohol the better, but I am in the habit of putting a small lump of unslacked lime in a four-ounce vial of alcohol, and I find this renders the drug nearly pure, and answers the purpose.”

CORRESPONDENCE.

To the Editors of the “Monthly Homœopathic Review.”

DR. PURDOM ON DIPHTHERIA.

GENTLEMEN,—Allow me through your pages to thank Dr. Hayward for his friendly criticism of a rather ambiguous sentence in my short paper on diphtheria, as to the “allopathic use” of *merc. cyan.* I simply meant that the use of it by so-called allopaths showed that a fairly strong trituration,

such as the 2x which I gave, might be successfully and safely used. I claim the remedy for homœopathy, of course, in whatever dose it is used.

Yours very truly,

T. E. PURDOM, M.D.

Croydon,

January 7th, 1896.

DR. PURDOM ON DIPHTHERIA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The expression "allopathic use," &c., in Dr. Purdom's article, introduces an interesting subject, viz., that of drugs which by their provings are homœopathic to certain symptoms, but which occasionally have to be pushed to the borderland of physiological action to cure such symptoms. To illustrate: I once cured an intractable case of diarrhœa in a young girl by giving 5 drop doses of Fowler's solution every four hours. After a few doses, the most intense irritation of the eyes was produced. (I should mention that *arsenic* had been given in drop doses without effect.) I should be sorry to say that *arsenic* is allopathic to diarrhœa, but in practice to be entirely subordinated to theory? If it were suggested that a diarrhœa of central origin was cured through the action of *arsenic* on the cœliac ganglion (and so on the afferent vessels of the bowel), it would be extremely difficult to disprove the theory, inasmuch as in the healthy body the drug might not have been proved in doses large enough to produce on the cœliac ganglion an action revealed by symptoms.

A drug may cure diarrhœa in this way by its physiological action without producing constipation in a healthy subject. It seems to me that until we have provings of drugs on the pathological as well as on the physiological body, we shall be unable to speak positively of their action when given in physiological doses. Is it possible that the *bicyanide* in Dr. Purdom's case may have acted as a local antiseptic?

Yours faithfully,

E. G. MARCH.

9th January, 1896.

A CORRECTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I should like to correct an obvious mistake which occurs in the calculation on page 80 of the January number in my paper on Albuminuria. I have omitted to complete the calculation by dividing the resulting numerator by the denominator.

The correct statement should read thus :—

$$\frac{7}{4} \times 85 \times 0.4875 = \frac{107.1875}{4} = 26.7969 \text{ grains per diem.}$$

Yours faithfully,

CHARLES W. HAYWARD.

Grove Street, Liverpool.
January 20th, 1896.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON, HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance : Medical, In-patients, 9.30 ; Out-patients, 2.30, daily ; Surgical, Mondays, 2.30 ; Diseases of Women, Tuesdays, 2.30 ; Diseases of Skin, Thursdays, 2.30 ; Diseases of the Eye, Thursdays, 2.30 ; Diseases of the Ear, Saturdays, 2.30 ; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Communications have been received from Dr. HUGHES (Brighton) ; Dr. HAYWARD (Birkenhead) ; Dr. MARCH (Watford) ; Dr. C. W. HAYWARD (Liverpool) ; Dr. GIBBS BLAKE (Birmingham) ; Dr. ORD (Bournemouth) ; Dr. WILDE (Bath).

BOOKS RECEIVED.

The Columbia Calendar. 1896. Pope Mfg. Co., Hartford, Conn., U.S.A.—*The Homœopathic World.* January. London.—*Medical Reprints.*—December. London.—*Food and Sanitation.* December. London.—*The Chemist and Druggist.* January. London.—*The Calcutta Journal of Medicine.* November.—*The North American Journal of Homœopathy.* January. New York.—*The Homœopathic Eye, Ear and Throat Journal.* January. New York.—*The New York Medical Times.* January.—*The Medical Century.* December-January. New York.—*The Chironian.* December 16. New York.—*The Medical Mission Herald.* December. Chicago.—*The Clinique.* December. Chicago.—*The New England Medical Gazette.*—November. Boston.—*The Hahnemannian Monthly.* January. Philadelphia.—*The Homœopathic Physician.* January. Philadelphia.—*The Homœopathic Recorder.* December. Philadelphia.—*The Southern Journal of Homœopathy.* September, October, November and December. Baltimore.—*The Homœopathic Envoy.* January. Lancaster, Pa.—*The Medical Argus.* December. Minneapolis.—*The Minneapolis Homœopathic Magazine.* December and January.—*The Pacific Coast Journal of Homœopathy.* January. San Francisco.—*Archiv für Homöopathie.* November and December. Dresden.—*Populäre Zeitschrift für Homöopathie.* Leipzig.—*Revue Homœopathique Belge.* September and October. Brussels.—*Homœopathisch Maandblad.* January 15. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPZ, 19, Watergate, Grantham, Lincolnshire ; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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EMPIRICISM *versus* METHOD IN THERAPEUTICS.

OUR old-school contemporaries, whenever they indulge in anti-homœopathic polemics, are given to speak of their own practice—in contra-distinction to ours—as “rational medicine,” “scientific medicine,” and so forth. Unfortunately for these assumptions, every now and then some leader among them speaks out upon therapeutics; and then the confession has to be made—often indeed as a frank and unashamed avowal—that their medicine has no *ratio* at all; that it is not an instance of applied science, but a mere empirical art. In our volume for 1871 (p. 193) we commented upon an utterance to this effect from Dr. WILKS. Since then, the late Dr. Moxon has entertained us by using similar language; and now we have it from Dr. GOWERS. This physician has deservedly made himself a name as a specialist and consultant in diseases of the nervous system. In pathology and diagnosis he approves himself thoroughly rational, eminently scientific; and if there be—outside of homœopathy—a medicine meriting these titles, we may be sure that from him it might be expected. Under this conviction it was with much interest that we found in the *Lancet* for November, 1895, an address from his pen

(delivered before a local medical society) "*On the Use of Drugs.*" It was with no less amusement that we found it proceeding upon the same lines as those drawn by Dr. WILKS a quarter of a century ago. He warns his hearers against distinguishing between the empirical and the rational in the use of drugs, and disparaging the former in comparison with the latter. "After all," he writes, "the medicinal treatment which can be based upon any definite theory is small. How seldom, moreover, can we use a drug to advantage which was discovered save by the purest empiricism. In not one drug in twenty, perhaps not one in fifty, of those of most certain service, can the use be traced to anything except unguided experiment. . . . If we go through all the drugs on which we most rely we find the same story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anæsthetic influence of cocaine was discovered. The unexpected results of simple experiment afforded us the chief use of antipyrin; and that which is perhaps the greatest practical discovery of modern times in the influence of drugs in disease—the use of bromides in epilepsy—was the result of a chance observation of its use on an allied state, also empirical. To this day we are without any rational perception of its mode of action or of the reason for its use in given cases."

So much—upon unimpeachable testimony—for present day practice in the ordinary school. But surely Dr. GOWERS cannot contemplate such a state of things with satisfaction: surely he must desire and endeavour to use the vantage-ground he occupies for making matters better, for rescuing therapeutics from chance and hazard, and introducing law into its proceedings. Not in the least. Dr. GOWERS is as empirical as the rest, and is content to be so—if he does not actually glory in the position. "It has not," he says "been my privilege to add much to our therapeutical resources, but the few agents I have recommended have been based on pure empiricism. A few days ago I received a pamphlet from a distinguished French physician, Dr. FÉRÉ, who confirms the statement which I made sixteen years ago regarding the occasional service of borax in epilepsy, a confirmation

which many others have furnished. In inveterate cases which do not yield to bromide, borax sometimes does good that is definite and distinctly greater than that which bromide produces in those cases. But I cannot say why. It was one of many things I tried, simply as a peasant might try in succession a number of herbs. Further, the diminution in the tendency to the distressing pains in locomotor ataxy which is caused by the regular administration of chloride of aluminium is so distinct that I have little doubt that the time will come when this drug will find a place in the Pharmacopœia. But I had no better reason for trying it than the fact that arsenic is a metal and so is aluminium.* Of the rational we have here no trace, although I should take objection to the inference involved in the application of the term 'irrational.' Well: we are willing to spare Dr. GOWERS' susceptibilities, and will refrain from using the Latin preposition which implies opposition. But the Greek "*α* privative" must certainly be prefixed to the adjective rational if this last is in any way to characterize his mode of proceeding. Nor does this only lack reasonable warrant; it is simply sterile, unprogressive, hopeless. Advance in any art is made not by trying this thing and that as chance may determine, but by reasoning from one step to another; by using inductions from ascertained facts as instruments for deductive discovery on a larger scale.

This is what Hahnemann has done; what homœopathy, under his impetus, is doing daily. *Similia similibus curentur* is inference from the past, method for the future. It has promise and potency in it of which traditional therapeutics has no trace. So we believe; but however this may be, let us hear no more of "scientific medicine" as characterizing the ordinary practice in contrast with ours. The facts are just the other way. We are aiming, mistakenly or not, at law, order, method, at the mode of acting in art on which science can smile: our old-

* Our contemporary, the *Homœopathic World*, has pertinently referred to the cases of tabes dorsalis reported many years ago by Bönninghausen, in which aluminium was the curative agent. "He probably does not know" this, it charitably writes of Dr. GOWERS; but the coincidence is too striking, and we cannot but think that a rumour of these cases had reached his ears, and led him to the choice of aluminium rather than any other metal to be a succedaneum to arsenic.

school colleagues, by the confession of this leader among them, are merely empirics.

We wish we could stop here ; that we had not to look at home and acknowledge that, *mutato nomine, de nobis fabula narratur*. No one who has watched, with critical eye, the recent developments of homœopathy, can have failed to see how rapidly empiricism is pervading it, and that from the most unlikely quarter. The *usus in morbis* has of course always been recognised among us, as in every school of medicine ; but it has been regarded as an occasional expedient to fill up a gap, it has never been vaunted as a normal part of the method of Hahnemann. Now, in that section of our body which most zealously swears by his name, a departure of the most glaring kind has been made from his way of proceeding. His aim in every case was to find the medicine whose *pathogenesis* contained the greatest number, or the most striking and peculiar of the features presented by the patient. Now it suffices that such similarity be ascertained as existing in the *symptom-list* of a drug—such list being compiled from all sources, clinical and even merely hypothetical as well as pathogenetic. Yet the old assumption of working by the rule *similia similibus* is kept up ; and symptoms from these lists (as given by Hering, Lippe, Gentry, and such-like compilers) are cited as showing the homœopathicity of the remedy selected—of which of course they are no evidence at all. Our journals supply abundant illustration of this practice, which both reveals and perpetuates an illusion discreditable to our position.

Let us take examples from the last number of the *Journal of the British Homœopathic Society*. Dr. ORD there commends to us the claims of magnesium phosphoricum as an anodyne. His cases are excellent, and well substantiate his thesis. But he would also support it by showing that the drug is homœopathic to the pains it relieves, and for this purpose goes to its symptomatology as contained in the work of Drs. BOERICKE and DEWEY on *The Twelve Tissue Remedies*. Now the symptom-lists contained in this treatise do not profess to be purely pathogenetic ; on the contrary, a glance through them will show that they are mainly of clinical origin. And yet, after giving a *résumé* of them in respect of magnesium phosphoricum (including such phenomena as sciatica, retention of urine, vaginismus, and mem-

branous dysmenorrhœa), Dr. ORD concludes: "Such is a brief outline of the leading nerve-symptoms *produced* by this interesting drug." (The italics are ours). "Have we any remedy in our *Materia Medica*, I do not hesitate to ask, which confronts us with such a picture of neuralgia in almost every sensory nerve of the body?" The question might indeed be asked without hesitation, had the symptoms he enumerates been "produced" by the drug; but Dr. ORD must be reminded that we have as yet no evidence of the fact.*

A still more patent instance is afforded by Dr. CLARKE's paper on *ocimum canum*. He relates two cases in which this drug appeared to prevent or relieve attacks of gravel, and then goes on: "Why did I give *ocimum canum* here? If you refer to MURE's *Brazilian Materia Medica*, p. 214, you will find a very short, but very clear, account of the drug, of its uses among the Brazilian population, and a *proving* of nineteen symptoms, among which appears the following: 'Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands, and moans and cries all the time.'" Did it not occur to Dr. CLARKE, when he used the term we have italicised, that this does not read like a pathogenetic symptom at all? The doubt suggested by its language is confirmed when we read (as he enables us to do) the remaining eighteen symptoms assigned to it by MURE. We find among them "red urine, with brick dust sediment after the attack" (i.e., the attack of renal colic just described); "engorgement of the mammary glands; the tips of the breasts are very painful, the least contact extorting a cry; swelling of the whole vulva; falling of the vagina, so as to issue even from the vulva; thick, purulent urine, with an intolerable smell of musk; swelling of the inguinal glands; heat, swelling and excessive sensibility of the left testicle." Even had Dr. MURE asserted that such symptoms had been obtained by proving the plant, we should have asked for some voucher for the credibility of his statement; but he makes no such claim. On the contrary, he writes: "Those who wish to devote themselves to our art had

* In his paper, Dr. ORD seems to base himself (p. 116) on BOERICKE and DEWEY's list of symptoms, but in the discussion (p. 122) he refers to "a *résumé* of the symptoms given by Dr. H. C. ALLEN in the *Medical Advance*." It matters little for our argument, as either catalogue is evidently constructed of similar material.

better get about proving this drug," and he pretty plainly indicates the source of his symptoms (16 of which, so Dr. CLARKE says, relate to the genito-urinary system) by saying "The ocimum canum is used in Brazil as a specific for diseases of the kidneys, bladder and urethra." The urinary symptoms at least, then, are clinical in origin, and have not even the recommendation of having been drawn from cures by homœopathic attenuations. It is making a concession, indeed, to assume them to represent cures at all. Did the ocimum perceptibly relieve or shorten the attack of renal colic? or did it obviate recurrence? The *insouciance*, not to say arrogance, which withholds information on these points, and gives us the symptoms on the mere unexplained *ipse dixit* of the reporter, cannot be too strongly discountenanced.

It appears then that the true answer to Dr. CLARKE's question, "Why did I give ocimum here?" must be "Because I found something like my patient's symptoms in a list appended to this drug by a Dr. MURE, of the origin of which, however, I have no knowledge or warrant." Now such a proceeding may, sometimes, lead to successful treatment, but it is not practising according to the method of HAHNEMANN. Dr. CLARKE, we fear, would not be troubled by such an imputation. In the discussion which followed the reading of his paper he is reported to have said that "his chief complaint about Dr. DUDGEON was that he was far too much of a HAHNEMANNIAN. He (Dr. CLARKE) was not." We must leave him to settle accounts on this score with his friends of the International Association and the *Homœopathic Physician*. He will perhaps be supported by another "bold bad man," Dr. SAMUEL A. JONES. A Dr. SELFRIDGE related a case of cystitis in which the pus quite disappeared from the urine under the influence of *hepar sulphuris* 200. He was led to the remedy, he says, by the symptom "feeling as if a cold wind were blowing about the legs," the patient being well covered up in bed with no draught in the room. Dr. SELFRIDGE says: "So far as I know there is but one drug in the *Materia Medica* that has this symptom recorded among its provings, and that drug is *hepar sulph.*" In extracting this observation for the *Journal of the British Homœopathic Society*, the editor adds: "It would be well if Dr. SELFRIDGE would

tell us in what provings he finds it." Dr. JONES, in the *American Homœopathist* of September 16th, commenting upon the above, writes: "It will give Dr. SELFRIDGE a large contract to 'tell us in what provings he finds it, and this simply because it has not been recorded as a pathogenetic result.'" He admits, therefore, the justice of the criticism, but goes on: "Dr. HUGHES would zealously exclude from the *Cyclopædia* that 'feeling as if a cold wind were blowing about the legs,' and his reward is a *Materia Medica Pura*; Dr. SELFRIDGE takes in the clinical waif, and his reward is a *Materia Medica Cura*. Patients have an ignorant preference for the latter. N.B.—'Materia Medica Cura.' The Latin is lame, but the logic has no limp in it." We cannot accept Dr. JONES' estimate of his own position; his logic seems to us as bad as his Latin. That the ignorant preference of patients should be exalted above the enlightened preference of physicians, led by Hahnemann himself; that the "*Materia Medica Pura*," which was his chosen title and his avowed aim, should be decried in comparison with symptom-lists which mix up the clinical with the pathogenetic,—this would require much reasoning to support it. Upon our recognised assumptions, it is as illogical so to write as it is disloyal and (we venture to think) injurious. There is no need for any one to justify empirical procedure; it will press in whatever method we follow. But let it not be gloried in; let not the better thing we have in the method *similia similibus* be alloyed with baser metal more than the currency of life makes absolutely necessary.

HOMŒOPATHY: IDEAL AND ACTUAL.*

By RICHARD HUGHES, M.D.

THE application to disease, on the principle of similarity, of the effects produced by drugs in health was illustrated in our last lecture by the giving (of course in small doses) a diuretic in polyuria and a cathartic in diarrhoea; by the administration of strychnia for tetanus and of stramonium for mania. But it must not

* Being the third of a course of post-graduate lectures on Homœopathic Therapeutics, delivered at the London Homœopathic Hospital, November, 1895, to January, 1896.

be thought that the *similia* our guiding rule requires are always so obvious as these, or can be applied in so broad a way. There are diarrhœas and diarrhœas: a drug which would be homœopathic to a watery one would have no such relation to one whose discharges were purely fœcal, and would therefore have little restraining influence upon it. And so there are maniacs and maniacs; and the hilarious patient will require a different similar-remedy from one who is terror-stricken. Or the difference may be found in concomitants. A diarrhœa with colic is other, in its relation to medicines, from one that is painless, and a pale-faced maniac from a flushed. It may occasionally stand in outlying symptoms of more trivial character and less obviously connected with the main complaint. Up to a certain point, the similarity between disease and drug action must be perfect to get any effect at all; and even beyond that point, the more perfect it is the better will be the effect and the smaller the dose required. This is why, while our formula speaks of *similia*, our books set *simillima* before us as the object of our search. The process is well illustrated by Carroll Dunham, in the treatise of his from which I have already quoted—*Homœopathy the Science of Therapeutics*.

“Let us suppose,” he writes, “a case of metrorrhagia. As many as forty drugs probably produce uterine hæmorrhage. On the basis of this symptom they form a group isolated from the remaining drugs of the *Materia Medica*. We select this group, and now we select a remedy from the group. It were a tedious task to consider and compare them one by one. But we group them again; ten of them produce dark coloured and ten florid hæmorrhage, ten a limpid and ten a clotted discharge. Our case has a dark coloured discharge. Our choice is now restricted to ten drugs. “But of the ten which produce a dark discharge, only five produce simultaneously a congestive headache. Thus we are limited to five drugs. So far, the distinctions on which our grouping has been based, or which have been characteristic of the groups, have had a pathological significance and importance. We can find no such basis for any further sub-division into groups. But we observe in the case a peculiar subjective symptom, the patient complains ‘as though a living body were

moving through the abdomen.' This may seem trivial. It is equally, however, a symptom produced by crocus, which is one of the five remedies to which our choice had been restricted, and it is produced by no other drug in the materia medica. It is, then, a characteristic symptom of crocus, enabling us to individualise crocus, and to distinguish it from all other drugs which in many respects agree with it." It makes crocus the *simillimum* in the present case.

It thus appears that homœopathy endeavours to secure in its remedies a similarity to morbid conditions which shall be not only generic but specific, not only specific but individual. Let me say a few words on each of these relations.

1. Generic similarity is that expressed in the sayings, "*nil prodest quod non lædit idem*," and "*magis venenum, magis remedium*." To make his case a *simile* of drug action at all, a person must be ill; on the other hand, his remedy must be capable of causing illness in the healthy, and the more seriously ill he is the more potent should be the poison with which he is treated. These are broad generalities; but they are the basis of homœopathy, and the surer one from such breadth. Then we go a little farther, and say that the class of affections from which the patient is suffering must be such as the drug is capable of producing. If his illness be febrile, his remedy must be pyreto-genetic; if the one be an inflammation, the other must be an irritant.

2. Specific similarity (I use the word now in its scientific, not its medicinal sense) implies the existence of species. These, in natural history, mean forms capable of reproducing their kind; and such we have in the infectious diseases. But no less entitled to the name are those which, though barren, spring from a common cause, as the malarious fevers and constitutional syphilis; those which depend on a definite morbid process taking place in a particular organ, as pneumonia and cirrhosis of the liver; or those having a recognised clinical history, as diabetes and acute rheumatism. These are orderly and stable forms of disease; each sufferer from them presents their essential features, though each may have them in his own way. If we had drugs which caused them all, as we have seen that strychnia causes tetanus, and as arsenic unquestionably

causes morbus Brightii, we should only have to give these, with preference—when more than one existed—to that which corresponded to the individual peculiarities of the case. But it is rarely so; and, indeed, in the nature of things, could hardly be expected. The specific morbid states cannot be conceived of as having been fresh created—full-blown at once—and ever since the same. They are the result—probably the gradual result—of interaction between the organism and its environment; even those which now reproduce their kind may well have been evolved in this way, as Darwin has taught us with regard to the species of plants and animals. In this way the *prédispositions définies*, of which Tessier speaks, have been established, resulting, under the action of common causes, in fixed forms of disease; in this way specific viruses, themselves the seed (and now, perhaps, the only source) of fresh disease of the same kind, have been slowly distilled in the alembic of the organism, till they have become what they are. I venture to think that this is a much truer account of the matter than to suppose all infectious disease to have been primarily parasitic, according to the now fashionable germ-theory. Specific maladies having thus originated, they can seldom—I say—be imitated by drugs *ab ovo usque ad finem*. The substances so called are either elements or simple compounds, or are the result of the vital chemistry at work in organisms themselves evolved by natural selection and other processes. They thus move in no parallel planes with the causes of diseases; and the only point of contact between the two is the living body, in which one and the other effect changes which may well be like—not to say identical—at points, but can hardly be so as wholes to wholes. Specific similarity must generally content itself with such correspondences here and there; and is more or less perfect according as they are quantitatively or qualitatively considerable. As elements of such specific similarity I may particularise seat and kind of action, character of pains, concomitance and sequence of symptoms. Each of these would demand a section to itself; and were I teaching to neophytes the principles and practice of our method, they should have it. I am addressing myself, however, either to colleagues who know these things, or to visitors from another school of thinking and working. I want to justify to the

conscience (the intellectual conscience) of the one and the reason of the other the treatment followed in this hospital, which gives it its distinctive title ; to show what homœopathy is, alike in essential nature and as modified by the demands of everyday experience. I must content myself then with indicating the features I have named as sufficing, even in the absence of complete parallelism between drug action and disease, to suggest that specific similarity is present. Seat of action, in organ or tissue ; kind of action, in diathetic or other quality, in causative modification, in character of sensations, and in concomitance and sequence of symptoms—these are its main elements. The more of them we can secure in our medicine the better our prospect of reaching the “pathological simile,” as Drysdale called it, of finding the homœopathic remedy for our patient’s condition.

8. It remains to be seen what can further be done by way of making the similarity individual. That it should so be, if possible, must be evident. Even the essential, typical diseases affect each subject in his own way, so that he presents a variety of the species, and that which is distinctive in him must be taken into account. Individualisation is as important in therapeutics as it confessedly is in education. Still more decisive are such indications for the choice of the remedy in those anomalous morbid conditions, falling into no definite category, which frequently come before us. I cannot quite go with the saying “Il n’y a pas des maladies, il n’y a que des malades,” but here it is certainly applicable. Of the mode of dealing with such cases I shall speak further on : at present we are considering individual as complementary to specific similarity.

In pursuit hereof must be taken into account the patient’s constitution and temperament, his mental and emotional state, the conditions of aggravation and amelioration presented by his sufferings, the side of the body affected, and the time of day at which his symptoms are most pronounced. Of these also I cannot here speak in detail, but must content myself with indicating them. They may often seem trivial ; they may sometimes be so. They are the indications which have so often—it may be at times from the fault of their presentation—called down ridicule on homœopathy from

without.* If, however, they be truly present in both drug-pathogenesis and disease, they must have some pathological basis, however unknown to us; and must be taken into account in the search for similarity. A rational view could be given of each class of them, were this the occasion for dwelling on the subject. Suffice it now again to cite Dr. Dunham upon it:—

“It is obvious,” he writes, “that these characteristic symptoms so precious to the therapist may seem to be of little or no pathological value—may even seem accidental to those who forget that there are no accidents in nature. They would be valueless if we did not need to individualise, but could be content with grouping our diseases and remedies. To the naturalist, whose object it is to group his specimens, it is sufficient to know that John Doe has a vertebral column, is a mammal, has two hands, and is a Caucasian—because this enables him at once to place John Doe in the variety Caucasian of the species man; and his analysis goes no farther. From this his whole physiological status” (and, I may add, his general management) “follows. But these items of general knowledge would not enable the *sheriff* to recognise John Doe in Broadway. It is of no importance to the naturalist that he has such ‘accidental’ peculiarities as an aquiline nose, black hair and eyes, and a brown mole on the left ala nasi; but these very peculiarities are all-important to the sheriff, for they give him the means of detecting the object of his search upon the crowded street.”

In the union of specific and individual similarity, secured by as many as possible of the elements of each now indicated, lies (generic correspondence being of course assumed) the ideal homœopathy. But this, like all ideals, has its actual; and the one often falls far short of the other. It is a difficulty frequently propounded by opponents, and felt by candid adherents of our method, that similarity between disease and drug-action has its limits. It embraces a good many forms and conditions existing in either (more, indeed, than are known by those who have not gone into the subject); but it comes at last to the end of its tether, and leaves us without straw to make our bricks with. *Curare similia similibus*

* See *Brit. Med. Jour.*, Sept. 22, 1894, p. 661.

is impossible when there are no *similia* to our hand. This seems axiomatic ; but it will be found on examination to contain more than one fallacy. Dr. Dake would appear to endorse it when he speaks of the one sphere of homœopathy as being “affections similar to those producible by pathogenetic means ;” but observe that he says *producible*, not *produced*. No extension of the range of any drug’s action could make it cause fractures or dislocation, and for these effects of mechanical injury drugs could never be similar remedies. But before lucifer match poisoning came into vogue as a means of suicide, and before Wegner had experimented with phosphorus on animals, the same assertion might have been ventured about fatty degeneration, to which change, however, we now have in that drug a perfect *simile*. It is only within the last few years that cancer has been shown to be set up by drug action, the agent in this instance being arsenic.* Again, when neuritis was first recognised as an important factor in many toxic and other forms of nervous disease, no homœopathic remedy for it could be named ; but it was not long ere research showed that the paralysis and anæsthesia, caused again by arsenic and also by carbon bi-sulphide, was due to this insidious inflammation. We shall thus be slow in affirming of any morbid state that no analogue of it is producible by drug-action, if only this is sufficiently intense and prolonged. But what shall we do for such diseases in the meantime, before toxicology supplies us with the data we need, or the ultimate effects of poisons are educed by experimentation *in corpore vili*? Here *similia similibus* proves itself effective by laying hold of symptomatic resemblances. Long ere such organic alteration as degeneration or malignant growth occurs, there are changes going on, in the constitution at large or in the part affected, changes which reveal themselves by symptoms—sometimes subjective, it may be trifling, which yet, when we look back on the history of the case, seem manifestly to have been the first mutterings of the coming storm. Drug-action must be similarly expressed in its own early stages ; and if we faithfully follow the rule of similarity, the two groups of phenomena must

* See *Cycl. of Drug Pathogenesis*, i. 454, ii. 725.

often coincide, and lead us to the specific remedy. We are enabled thus to follow another wise maxim of conduct, medical and general,—*obstare principiis*. How many an incipient organic disease may not have been checked by such medication! At our International Homœopathic Congress of 1891, Dr. Betts, of Philadelphia, stated that he had consulted as many as possible of his fellow-practitioners as to whether they had ever, in their practice, seen any neoplasms in the persons of those who had been under homœopathic treatment from their youth up; and the answer from one and all was that they never had. One must not build too much on such a statement; but the natural inference from it is this—that whenever those patients had symptoms of things going wrong with them, they had been treated upon such indications, and the morbid changes had thus been arrested while they were still fresh and young, and never went on to become organised in the form of new growths.

An obvious instance of what I have just been speaking of is afforded by the constitutional state Sir W. Jenner has so graphically described as preceding, in rickets, the alteration in the bones. Sander has done similar work as regards the progressive paralysis of the insane.* A time in such disease when cure is possible is thus revealed to us, and for that cure we have our method and its instruments at hand. We can do little or nothing when the osseous changes of rickets, the chronic meningitis of general paralysis, have become definitely established. But while the one is manifested only by feverishness, altered intestinal secretions, head-sweats, desire for coolness of the surface, and general tenderness of the body; while the other shows itself in peculiar rheumatoid pains and headaches, colour-blindness, sleeplessness, vertigo, irritability, loss of memory,—it will be strange if we cannot, from our rich armamentarium, cover the symptoms and so arrest further progress.

In selecting remedies upon these principles, the caution is to be observed that we choose such as from our knowledge of their sphere and kind of action might conceivably cause the ultimate morbid changes if pushed far enough, rather than those to which no such proba-

* See my *Manual of Therapeutics*, 2nd ed., i., 124

bility belongs. If we should try to remove the head sweats of rickets with sambucus or jaborandi, the rheumatoid pains of dementia paralytica with chamomilla, we might effect temporary palliation, but should be doing nothing of a really curative nature. This is well illustrated by Dr. Clifton's observations* as to the group of symptoms he has often met with in patients who have afterwards developed cancerous growths. They are those of "atonic dyspepsia," but he has found them quite unamenable to the usual anti-dyspeptics of homœopathy as to those of the ordinary practice. Since, however, he has recognised their significance, and has treated them with more positively anti-cancerous medicines, like hydrastis, he has had very beneficial results.

Such working with symptoms, moreover, will help us in another class of cases. Either from diagnostic difficulties, or from the disorder of health being so anomalous that there is nothing to diagnose, we cannot refer its features to any recognised type or definite seat. Yet the patient is ill, and wants to be cured. Well: to bring him help we need not wait till we have discovered what organ is affected, or in what category his malady is to be classed. If our pathogenetic records show us drug-pictures corresponding to that of his morbid state, we have remedies for it, though on neither side can we give a rational account of the phenomena or their sequence. Hahnemann illustrated this mode of practice by the two cases he has related in the second volume of his *Reine Arzneimittelehre*. One was a sort of gastralgia, made up of six symptoms, the patient's health being otherwise good. Bryonia was found to possess all the features of the sickness, and in a more marked manner than any other medicine; it also corresponded to the patient's disposition, which was passionate. This remedy was accordingly chosen, and cured in a single dose. The second case was one of what might be called dyspepsia, and to its seven features, and again to the patient's disposition, the pathogenesis of pulsatilla was found quite parallel; and it effected a similar cure. Hahnemann's pathogeneses of drugs were published in such a form as to favour comparisons of this kind; and as these have multiplied, aids to finding their symptoms

* *Annals of Brit. Hom. Soc.*, viii., 384.

have been compiled in the shape of the indices we call repertories.

This is the method by "totality of symptoms;" and though not of the most philosophical order, though it is photography rather than portrait painting, and may be looked down upon from the artist's point of view, yet like photography it has its merits, and has given us many true likenesses between disease and drug action and so led to many a cure. Hahnemann, however, was the first to recognise that such entire correspondence between the two series of phenomena could not always be reckoned on. Our great aim, he taught (*Organon*, § 153-4), must be to secure it in "the more striking, singular, uncommon and peculiar signs and symptoms of the case of disease." The medicine whose effects on the healthy contains these distinguishing and characteristic features, in the greatest number and in the closest similarity, will be the most appropriate homœopathic specific for the morbid state. The discovery of such "characteristics" has been the great aim of the school of American homœopathists of whom Constantine Hering was the coryphæus, and Adolf Lippe, Henry Guernsey, and to some extent Carroll Dunham, were the most prominent members. By Dunham they were employed in selecting, from groups of medicines specifically homœopathic, the one individually so, as illustrated by the example of crocus in metrorrhagia already cited from him. But in Guernsey's hands they became the basis of a "key-note" system, which at the present day dominates the practice of perhaps the majority of our colleagues in the States. If, they say, the characteristics of a drug are present in a patient, the rest of his symptoms will in all probability be found in its pathogenesis. I am afraid they do not always wait to verify this presumption by reference to the *Materia Medica*; but if they do, there is no reason to challenge it or to find fault with their practice.

Hitherto we have been enquiring what we should do when specific similarity fails us. But what (we may now ask) shall the homœopathist lay hold of when it is individualisation which is impracticable; when the peculiar and distinctive features of the case of disease before him find no reflection in drug-pathogenesis? I shall show immediately how clinical experience comes to

his aid here; but waiving this for the present, and keeping on the lines of Hahnemann's method, he may do worse than work it by means of specific similarities only, ignoring the instance, and content to secure conformity to the type. If you conduct a school for boys, it is important (as already said) that you consider the character of each individual committed to your care, and act towards him accordingly. But it is quite as important that you make your general arrangements such as to be suitable to the young of the masculine variety of the genus homo. You may not know much about a given new-comer, but you are safe in treating him as a boy. And so with disease. Here, indeed, if you must choose, it is surely of greater consequence to obtain similarity to the pathological process itself than (in Hahnemann's own words) "to some accidental concomitant circumstances, which do not alter its essential character." By pursuing individualisation you *may* strike your mark; but your weapon's point is so fine that, though it pierces deep when it hits, it is very liable to miss. Generalisation gives a blunter point, but a broader one: your impression may be less incisive, but it can hardly fail to be made. Wurmb and Caspar saying of arsenic that "it will often cure chronic intermittents when other remedies selected with the greatest care have failed;"* Espanet reporting that in the numerous cases of dysentery treated by him in Algeria, he "never found the least advantage from substituting for the mercurius corrosivus another remedy which seemed more homœopathic to the febrile phenomena or the abdominal symptoms;"† the general experience vouched for by homœopaths like Jeanes‡ and Sircar,§ Jousset, Bähr and Panelli,|| that nearly every recent and uncomplicated ague can be cured by quinine,—these are testimonies to the practical value of judicious *specificking*, as the Germans call it, which are not to be despised.

In what has now been said there has always been the assumption that the homœopathist arrives at—or

* See *Brit. Journ. of Hom.*, xiii., 430, note.

† *Bull. de la Soc. Med. Hom. de France*, xix., 179.

‡ *Brit. Journ. of Hom.*, xxxii., 723. § *Monthly Hom. Rev.*, xviii., 522.

|| *Un. States Med. Journ.* iv., 161.

has in the first instance arrived at—his remedies by applying the law of similars. This, however, is far from holding good in every instance. Clinical experience, the *usus in morbis* as our older writers used to call it, is largely employed among us. Hahnemann himself, though deprecating resort to it, and publishing but few cases in its aid, has left enough “therapeutic hints” in his writings to make, in Dr. Dudgeon’s compilation, a nice little volume; and his disciples have largely added to this element in our literature. It has found outcome in two ways—the one belonging to the specific, the other to the individual, similarities I have described.

1. We have seen that the species of disease can rarely be reproduced, as wholes, in drug-effects, and that their *similia* must rather be sought by correspondences in seat and kind of action, and such like. But there is another mode of reaching them. Suppose that chance, theory, or other mental process has led to the discovery of remedial powers in a drug; suppose that this influence is not to be accounted for by any physical or chemical properties it may possess, or by any evacuation on which the effect may indirectly depend; and is not in the same direction with that it exerts in health, we are justified, by the process of exclusion, in assuming it to act homœopathically, even though no similar phenomena are presented by such pathogenesis as it may have. Sooner or later they are pretty sure to appear; but we need not wait till they rise above the horizon. There are (to vary the figure) breech-presentations in homœopathy as in obstetrics, Hering wittily says; and though the mode of entrance is abnormal, the child is assuredly born. The power of colchicum over gout is an instance of this. When I first (in 1867) examined the evidence, I was led to the conclusion that it acted upon the affected joints “as a specific, indeed, but antipathic remedy, just as gelsemium influences a painful uterus.” But since then so many facts have come to light, showing that the irritant properties of colchicum can be exerted on the joints, that this hypothesis is no longer necessary, and the remedy can be claimed for homœopathy as all specifics have been or may be.* The pains in the joints it causes in the human subject are in animals developed into

* See *Hahn. Monthly* for March, 1895, and *Revue Hom. Belge*, April, 1887

obvious congestion, so that experimenters upon them are compelled to conclude that it "produces its therapeutic effects by an irritant action," and again that in gout "it produces a substitutive irritation of the articular surfaces." *Substitutivement, c'est à dire homœopathiquement*, writes Trousseau, and the maxim is never more applicable than in the present example.

2. Here, then, clinical experience re-enforces our attempts at specific similarity: it fills up the groups of remedies for definite types of disease which our treatises on practice present. In another direction, it is employed to supply the gaps in individual similarity which pathogenesis too often displays. Many of the indications of the kind of which I have spoken, derived from the constitution and temperament of the patient, his mental state, the "conditions" of his sufferings, the side of his body affected, the times of day at which he is worse, are derived from the *usus in morbis* only, as also are a large part of the "characteristics" so much relied on by a number of our practitioners. One result of this is the development of a new kind of *Materia Medica* among us. Hahnemann applied this name only to "a record of what medicines express concerning their true mode of action in the symptoms they *produce* in the human body." In the compilations, however, of Jahr, Bönninghausen, Hering, Lippe, Cowperthwaite, Gentry and others, these pathogenetic effects are mingled (often without note of distinction) with symptoms which have been reported as disappearing under the medicinal use of the drugs. There is no objection to this, so long as they are understood to be what they are, and are not (as too often) quoted in proof of the homœopathicity of remedies; so long, also, as their use is not held up as a pure following of the method of Hahnemann. It is a supplementing of that method by empirical practice, which, however necessary in this rough work-a-day world, is not to be vaunted as a matter for pride, but rather to be excused as a concession to the weakness of our nature.

The real justification of such proceedings is, that they lead to the homœopathic remedy where the ordinary paths thereto are wanting; and in this instance, at least, the end justifies the means. It is for that reason that I took so much pains, at our last meeting, to characterize

these agents in their own essential nature, apart from the mode of reaching them. That we have an assured one in the rule *similia similibus*; that we are not left to chance for their turning up or to blind experience for their perpetuation, is our claim and our satisfaction. But when they are reached otherwise than by pure inference from pathogenesis,—by mixed methods, or even by the merest empiricism, they still have features by which we can recognise them; and we feel at home in their employment.

In the considerations which have now passed under our notice I think I have fairly set before you homœopathy as it exists to-day, nearly a century after the first promulgation of the method by its founder. That our school has an “extreme left,” rigidly exclusive and (I must add) highly exaggerative, I have already admitted; and it possesses also an “extreme right,” the practice in which differs little from that of traditional medicine. But speaking for the simple “right” and “left,” with their corresponding “centres,” and allowing for the shades of difference these names represent, I believe that the conduct of the immense majority of the twelve thousand or more homœopaths of the world is what I have now described. We are all hygienists; we give more or less place to surgery, hydrotherapy, electricity, gymnastics and massage; but when we come to drug-action, save for an exceptional allopathic adjunct or antipathic palliative, our whole endeavour is to follow the rule *similia similibus*. We work it with both specific and individual similarities, when we can get them; but in default of either are content to lay hold of the other, and, where both fail, to fall back upon clinical experience, only requiring as the issue of each mode of discovery the dynamic, constitutional agent, operating directly, silently, and in small dose, which we know as the homœopathic remedy. To enquire what we can do, on these principles, in the treatment of some of the leading forms of disease will be the aim of the remaining lectures of my course. When my colleagues who follow me come to address you on points lying within their specialties, they will be found proceeding—I apprehend—on the same lines. They will tell you, from their experience, what homœopathy can

do in certain forms of disease, and how far it needs supplementing by other means, as I shall do from my own, and from a survey of our now voluminous literature, on a yet wider field. Between us, I hope we shall satisfy our hearers that the remedies already brought and ever being brought to light by the method of Hahnemann are a priceless addition to therapeutics, and that a hospital devoted to their administration and cultivation *bene meruit de republicâ medicinæ*.

IN DEFENCE OF THE LAW OF SIMILARS AND THE LAW OF CONTRARIES.

By PERCY WILDE, M.D.

Part II.

THERE is a fiction to the effect that the homœopathic school offer no theories in explanation of the law of similars. As a matter of fact it is impossible to do so much as to state the law without adopting the "curantur" or "curentur" view and all that it implies, it is impossible to give a definition of the word homœopathy without accepting or rejecting the theory that there is a law which applies to the action of drugs upon vital elements, which does not apply to other agents capable of affecting them. In every lecture on the principles of homœopathy statements are made which involve theories of the "ultra-rational" type.

To this class must be assigned the statement made by Dr. Hughes in his second lecture, where he places even narrower limits to the law of similars than he did in his first.

He affirms that "Vital action which is exclusively topical does not ordinarily conform to the law of similars."

Dr. Hughes means by the word "topical" the external application of drugs in contra-distinction to their internal application.

This statement involves the theory that there is one law which governs the effects of drugs acting upon vital elements within the body, and that there is no law at all for those which act on vital elements on its external surface.

Dr. Hughes is good enough to admit that the action of nitrate of silver in both producing and curing inflammation of the skin and mucous membranes is an instance of the occasional action of a topical agent in accordance with the law of similars. But nitrate of silver happens to be one of hundreds of agents capable of inflaming the skin and mucous membrane. Its successful use as an external remedy depends upon a recognition of the special character of its action. Thus, it has the power of setting up an inflammation of mucous membrane accompanied by catarrh, which catarrh continues after the inflammation has subsided. Here we have the clinical indication for the use of weak solutions of nitrate of silver in accordance with the law of similars. If we study the action of various agents which inflame the skin, when locally applied, it is possible to discover wide differences in the symptoms they produce. The effect of cantharides on the skin is to produce a blister resembling that caused by a burn or a scald. Weak solutions of cantharides are valuable to relieve the symptoms caused by accidents of this kind. Capsicum, on the other hand, presents the minimum of actual inflammation with the maximum of sensory disturbance, there is a great deal of heat and tingling in the part, and when this has quite subsided the whole symptoms can be renewed by the exposure of the part to heat. In these symptoms it presents a fairly perfect simillimum to an ordinary chilblain, and probably no agent is more effectual in relieving the symptoms of chilblains. You cannot obtain the same results from a solution of cantharides or of nitrate of silver as an external remedy for chilblains for the simple reason that neither of them can produce symptoms similar to those of a chilblain. The practitioner who rejects the law of similars in the choice of drugs for local application puts himself and his patient at a disadvantage.

Dr. Hughes is most unfortunate in the examples which he selects to prove that "if we follow up our topical agents, we shall find the relation of similarity fail us. The action of arnica in easing pain and promoting the resolution of contusions is a dynamic one; but no such condition can be reduced by applying arnica to a healthy part."

This illustrates the unreasonableness of looking at natural phenomena through Hahnemannian spectacles.

There is not a single fact on record, so far as I know, to prove that arnica *locally* applied has the slightest homœopathicity to a bruise. Arnica given internally, or absorbed through the skin, has a homœopathic relation to some of the symptoms produced by a bruise, but none to the bruise itself.

To find the simillimum to a bruise it is only necessary to ask the question: How can a bruise be most readily produced on the healthy human body? It can be done by means of dry cupping; that is, by a mechanical act which congests and over distends the blood vessels. If we seek for an agent which will produce similar results of a *minimum* intensity, it will at once occur to us that moist heat which will distend the blood vessels is indicated. Therefore the believer in the law of similars will select a moist heat in preference to arnica for his local application. A bruise may also be produced in a very large number of people by simple pressure of the fingers over the tissue. In the stimulation of nerve trunks by mechanical friction with the fingers, bruises commonly follow the application, a believer in the law of similars would therefore be justified in using gentle manual manipulation in addition to moist heat.

If the bruise was a part of the conditions presented, we will say, of a sprained ankle, the law of similars might lead him to use similar movements of the joint to those which produced the sprain, of a very gentle character. He would thus have some certain indications for remedial treatment, which if intelligently adopted would enable him to cure his patient in one fourth the time which would be occupied by the homœopathic practitioner who only used arnica externally, simply because it was recommended in the homœopathic text-books; and any reputation he gained from the success of the treatment applied would not redound to the credit of the homœopathic school, because the leaders of this school refuse to recognise anything but drugs as "homœopathic" remedies.

Dr. Hughes goes on to tell us that "calendula is a vulnerary by no chemical or mechanical properties it possesses; it cannot cure otherwise than vitally, yet it has no power of causing wounds on the unbroken skin."

It is extraordinary that Dr. Hughes should not have found in the fact which he records, a better reason for questioning the homœopathicity of calendula to cuts, than to have founded upon it the proposition which he brings the fact forward to support.

We may assume that a very strong extract of calendula would irritate a wound, and that a weaker solution would soothe it. Here its homœopathicity begins and ends. The same is true of numbers of other vegetable extracts, and calendula occupies a position as the vulnerary elect of the homœopathic school, not because of its superiority over other agents, not because it represents the "law of similars" in any particular way, but because it is a part of the shibboleth to regard it as a "homœopathic medicine."

If Dr. Hughes enquires into the reputed good effects obtained by the use of calendula as a dressing for wounds he will find that it is generally used in the form of a "wet compress." If he studies the action of a "wet compress" he will find that when used in the maximum (that is long continued use over the same part) it is capable of producing both inflammation and excoriation of the healthy skin, and it is therefore a true similimum to such conditions, and is a far more "homœopathic remedy" to cuts and excoriations than calendula. In making any enquiry in reference to the action of an agent, with a view to determining its application by the law of similars to the treatment of disease, it is necessary to take into account the *method* of its application.

Thus it would be incorrect to say that electricity produced this symptom or the other. The galvanic or continuous current will abolish sensation in a sensory nerve and thus cure pain. The Faradic or interrupted current will aggravate the pain. The actual cells supplying the electricity may be the same, the variation in result is due to the difference in the *manner* in which the stimulus is conveyed. Dr. Hughes encourages the homœopathic school to avail themselves of the glorious freedom of empiricism in the use of electricity and other physical agents, and refers them to the ordinary textbooks.* The homœopathic practitioner will therefore use

* *Manual of Pharmacodynamics*, p. 1.

a strong galvanic current to relieve the pain of sensory nerves in the ordinary orthodox manner. A believer in the law of similars would take advantage of the fact that neuralgia could be produced by means of the Faradic current to use a weak application of the form of electricity as his remedy. The first is antipathic, the second is homœopathic. The first is a temporary palliative precisely similar in effect to an analgesic agent, the second produces a permanent cure of the local symptoms. This is one reason why homœopathic practitioners should be encouraged to practise in accordance with the principles they profess even if the agent does not happen to be classified as "a drug."

If the practitioner uses a very strong galvanic current he will find that little or no general effect may be produced at the time, but perhaps an hour afterwards the patient may have all the symptoms of a pure neurasthenia. The law of similars may lead him to remember this in the treatment of patients suffering from this condition. He will find that patients who have from any cause to remain in bed for a very long period under conditions of comparative isolation, become physically weak, with a nervous system which is unduly excitable. We meet such disorders in every day practice, the *Repertory* teaches us how to palliate the symptoms but not to cure the condition, but the law of similars should guide the practitioner to their proper treatment, viz., a modified application of the agents, rest and isolation. We can, by the over-use of massage, reduce a patient to a profound state of nervous exhaustion. By a modified application of the same agent we can find a remedy of great value in the treatment of cases of nervous exhaustion which arise from other causes.

Dr. Hughes will admit frankly the value of "Weir Mitchell treatment." He will tell us that there is nothing to prevent the homœopathic practitioner adopting such measures; but I venture to assert that the homœopathic practitioner, on account of the principles he professes, ought not to use this or any other physical method *empirically*. If he believes in the law of similars, it will guide him to the use of such agents in a scientific manner, so that the treatment is adapted to the state of the individual patient, and not under the impression that the more energetically the remedy is applied the

greater will be the curative effect. I see a very large number of patients every year who have been through courses of hydro-therapeutics, massage, and electrical treatment both in this country and on the Continent, and who have either received no permanent benefit or who have been rendered worse by the treatment they have received. A single day's experience is sufficient to prove the disadvantage of that empirical use of physical agents which Dr. Hughes appears to consider the only course open to practitioners who profess a belief in the law of similars. If the truth of the law is recognised, it provides the practitioner with a light which prevents him falling into the pit-falls with which traditional treatment surrounds him. There is hardly a single point in the practice of what Dr. Hughes calls "hygiene" which does not require to be re-studied in the light of the law of similars. The sensitiveness of patients to cold and to heat leads the practitioner astray when he *thinks* he is practising hygiene. He protects the patient from those changes of temperature which they think are inimical to them, and so renders these ailments permanent.

If he practises in accordance with the law of similars, he will discover that cold, scientifically applied, is a permanent cure to the sensitiveness to cold, and that heat, applied under proper conditions, is the best agent for the cure of those distressed by heat.

Dr. Hughes may reply that some of the illustrations I have given may be instances of isopathy but not of "homœopathy."

When we study the law of similars from a scientific standpoint, the necessity for such distinctions disappears.

If a practitioner gave small doses of belladonna to a patient suffering from belladonna poisoning it might be called "isopathy," but it might be better defined by the word "blunder." The practitioner would think that he was giving a minimum dose of the agent which had in the maximum produced the toxic symptoms, but, as a matter of fact, he would be only adding something to the maximum dose already given. As drugs given internally continue to act upon the vital elements to which they have an affinity for an indefinite time, it is *impossible* to give a minimum dose of the same drug; it must always be an *addition* to the dose already

in the body. Therefore, the conditions required by the law of similars cannot be complied with. I am not prepared to say that where the whole of the original poison has been eliminated from the body, the actual drug which caused the disease, given in minimum doses might not be a suitable remedy for the disturbance of function remaining. Probably it would be; but the difficulty is to discover reasonable grounds for determining the complete elimination of the original poison. But in considering the question of external agents, such a difficulty seldom presents itself. The stimulus which has expended its energy and is no longer in contact with the vital elements, ceases to be a factor in considering the question of the *simillimum*.

When we have removed the cause by the law of contraries, we are free to select the remedy by the law of similars, and as the agent which will produce similar symptoms most readily and most certainly is always the best *simillimum*, we may often find it in the actual physical agent which has set up the disorder, applied in such a modified form as to make it a minimum stimulus. Thus, if we take a case of frost-bite, the law of contraries directs us to remove the patient from the low temperature which has caused the disease. Having done so, we have to select the remedy; the law of similars directs us to the local application of cold. The apparent contradiction presents no difficulties to the intelligent practitioner, and if he acts according to these definite laws, he will treat the patient in the way which common experience has proved to be the most efficacious. If we take the case of a patient who suffers from pain and stiffness of muscles, the result of over-exertion, the law of contraries directs us to give rest to the affected parts, so that we may remove the cause. Having done so, we have to seek a remedy which will relieve the symptoms. The law of similars will direct us to the selection of an agent capable of causing similar pain and stiffness of the muscles involved.

There are none so certain as excessive exercise or excessive manipulation of the muscles, therefore the law of similars directs us to the use of moderate doses of exercise or manipulation of the muscles, and the symptoms disappear with a rapidity which no drug can accomplish. Here we have the use of apparently

opposite agents. Rest, indicated by the law of contraries, and motion, indicated by the law of similars, both contributing to the same result; all that is necessary is that they shall be employed with ordinary intelligence.

The comparative advantages and disadvantages of rest and motion have constantly to be determined by the practitioner in dealing with physical infirmities. Whether his views incline wholly to the one or the other, he is generally wrong. It is by the combination of both that all the advantages and none of the disadvantages are obtained. The physician who recognises that the combined use of agents which are apparently diametrically opposed is necessary to the cure of disease, will also recognise that in a science of therapeutics there must be laws which are also apparently the opposite of one another. The law of contraries and the law of similars are of this character. They have been misunderstood, misinterpreted and misapplied in such a manner that the schools which are supposed to be the particular exponents of the one law or the other now vie with one another in minimising the sphere of their application in order that the field may be wider for that empiricism which appears to be the goal of medicine at the end of this century.

The homœopathic school is the only body, at present, which claims that a science of therapeutics is possible, but it is paralysed by the fancied necessity for sacrificing science on the altar of Hahnemann.

Dr. Hughes, with that candour which wins for him the respect of those who most disagree with him, admits the necessity of distinguishing between "homœopathy as taught by Hahnemann" and the "action of the homœopathic practitioner as a man." He must admit that a school which requires to draw distinctions between its principles and its practice can hardly hope to command the enthusiasm of its friends or carry conviction to its opponents. He cannot fail to recognise the fact that after careful study of the law of similars from the Hahnemannian standpoint, he is obliged to reduce it to its narrowest limits, viz., the internal application of drugs, and support this position by doctrines which have no scientific basis.

My own studies of the law of similars have been

purely physiological, and as a result I am prepared to state that the rule *similia similibus curantur* represents a law of nature, and is of universal application within its own limits. These limits are the relation between the effects of all agents capable of producing alterations in function in vital elements and the symptoms of disease. It is a law which guides the practitioner to the remedy after the cause of disease has been removed. That the law *contraria contrariis curantur* is also a law of universal application within its own limits, viz., that it is the duty of the physician to seek out the fundamental causes of disease and to remove them (if possible) as the first act of treatment.

No one will wish to deny the value of the law of contraries applied within its own limits, while the law of similars is rendered indisputable, when it is stated as a whole instead of a partial truth, and in terms which are physiologically intelligible.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

(Continued from p. 713. 1895.)

CASE XIII.—*Hemiplegia with Fits.*

THIS case was shown by Dr. Epps on November 15th, for suggestions as to treatment.

S. A., aged 11 years, had been a patient of Dr. Byres Moir for four years, 1891-5, at irregular periods. There was no special family history. The past history was: Up to two years the child was quite healthy, and able to speak as plainly as most children of that age. At two years he had a fall on his head, after which the child had fits for eight weeks, and afterwards paralysis of the left side.

Dr. Moir notes: "Sept. 15, 1891.—Infantile paralysis left arm and leg, came on at two years of age, when he had fits for eight weeks. Fits have come on again lately, one to two in a week. Mouth wide open, probably has nasal adenoids. Teeth all bad. Intellect deficient." He was given *bell. 1x*, which very soon subdued the fits.

He had fits again in February, March, October and December of the following year. *Bell.* was given on the first two occasions and *plumb. acet.* 3 on the last, with marked benefit. Patient attended again on November 12th for fits. He had then had 12 fits in the last fortnight. The fits occur at any time; he had one as he was running down stairs. When they occur, the paralysed arm jerks out, and patient goes off in a fit. Mother states that during a fit patient's face is drawn to the left, and that after the fit patient screams from pain at the vertex. Patient had great difficulty in speaking. His intellect was apparently good.

Dr. Moir at the consultation remarked the decided improvement in the boy's intellect.

The case was considered to be probably a case of Jacksonian epilepsy, following an accident at two years of age. It was suggested that the boy should be taken into the hospital and carefully watched, so that a more complete picture of the phenomena of a fit might be obtained before deciding on any operative interference. The boy is now under observation in Hahnemann ward, under Dr. Moir's care.

CASE XIV.—*Another Nerve Case.*

Dr. Goldsbrough showed this case of pseudo-hypertrophic paralysis in a boy of 11 years, which had been under his care in Hahnemann Ward during the vacation. He was the third boy in his family suffering from this complaint, and was an extremely well-marked example of the disease. The lordosis was extreme, and the hypertrophy of the recti, glutei and calf muscles was well marked. Since he had been in hospital he could stand better, putting the heels to the ground, but the curvature of the spine had increased. The reflexes were very feeble. *Phosphorus* appeared to have been of service.

CASE XV.—*Another Nerve Lesion.*

Dr. MacNish showed this case, which was attending his out-patient clinic, for diagnosis.

J. L., aged 47, married, one child. Family history good, except that his father died at 72, after five months' illness, of paralysis.

Whilst walking down the street, two and a half years ago, he noticed a sudden difficulty in walking. There

was no apparent cause for this. He had neither pain nor headache. In walking he dragged his left foot. Feet felt heavy, but were free from numbness and tingling. He had a dull, stupid manner, and distinct slowness of speech.

Patient could stand with his eyes shut and his heels together. There was no muscular weakness. The knee jerk was very much exaggerated and the ankle clonus present. The pupils did not react to light, but did so to accommodation. The hands were free from tremor. The sphincters were normal. Sight good. Heart and lungs nil. Total absence of sensory symptoms.

Dr. Dyce Brown considered the case one of cerebral hæmorrhage in a very slight degree. He could not otherwise account for the symptoms. He advised *conium* ϕ gtt. iii. t.d.s. for a month. *Conium* acted best where the paralysis was more motor than sensory. It was specially useful when there was a marked absence of sensory symptoms.

Dr. Blackley thought Dr. Brown's diagnosis of the origin of the symptoms the right one. He detected left facial paralysis, with paralytic symptoms in the left foot. He had had no experience with *conium* in such cases. He advised giving *picric acid* to delay softening. He advised its being given intermittently; the remedy for three weeks, then an interval of two or three weeks without medicine, then *picric acid* again for three weeks.

Dr. Moir said he had made but a rapid examination; he thought the case possibly spinal.

Dr. Goldsbrough thought the cause a very minute hæmorrhage, or from the feeble condition of the pulse, embolism from some valvular vegetation. The feebleness of the heart was out of proportion to the bodily strength of the patient. He thought *arnica* 30 should be given.

CASE XVI.—*Lupus of the Face and Hand, treated with Thyroid.*

This case of lupus was shown by Dr. Blackley at the consultation on Dec. 7th, 1894. As it was of considerable interest it must not be lost sight of.

All cases of lupus cured or only relieved by internal treatment are worth reporting, for, as dermatologists too well know, they are few and far between. Dr. George Clifton's case of lupus erythematosus, reported in the

Dec. *M.H.R.*, is of exceptional interest for this same reason.

The patient had been attending Dr. Galley Blackley's clinic for some years. The following is a brief history of the case as given by Dr. Blackley himself.

Patient had been attending the hospital since July 23rd, 1891. Her father died of phthisis. Mother still living.

At three years old, she had suppurating and ulcerating cervical glands, from this spread the eruption, which had gone on increasing ever since; it had never ulcerated. Before coming to the hospital she had been treated at the North-West London Hospital with twelve injections of Koch's *tuberculin*.

When first seen by Dr. Blackley, the whole of the face, the forehead and the left side of the neck were covered with a hard brawny coat of lupus vulgaris, one of the most complete he had ever seen, reminding one very much of the veiled Prophet of Khorassan. One hand had also a patch the size of an elongated half-crown. The treatment then prescribed was *arsenic* and *cod liver oil*.

In the spring of 1892, the patch on the hand having increased, she became an in-patient, and Mr. Knox Shaw was good enough to scrape the patch, and with good effect. Twelve months later, the treatment having been continued steadily, the patch on the hand was seen to be spreading. Then treatment was interrupted for a few months. In July, 1893, she began to take *tuberculinum* 3. Under this the appearance of the face slightly improved, but the patch on the hand increased, and became raised and bled easily, exuding a thin sanious fluid. The general health continued good.

On May 31st, 1894, she was placed under thyroid feeding (Burroughs & Wellcome's 5 grain tablets) beginning with one and increasing to three *ter in die*, which had been continued up to date, seven months, except for the last ten days.

Dr. Epps, who had seen the case on several occasions in the out-patient's room, agreed with Dr. Blackley that there was distinct improvement. The disease was less active, there was less scale and fewer crusts. The improvement was more marked on the hand than on the face.

ORIGINAL THERAPEUTIC NOTES OF RECENT CASES.*

Collected and arranged by

W. THEOPHILUS ORD, M.R.C.S., Eng., L.R.C.P., Lond.

Urticaria.—Antipyrin.

Reported by Dr. ALEXANDER CROUCHER, Eastbourne.

A FEMALE infant, aged 12 months, had been staying in the country, and was bitten by some insect, causing a good deal of irritation and an eruption of papules; this was relieved by the application of diluted acetic acid. Vaccination was then performed. Two days later the child was covered with an urticarial rash, aggravated at night, and total inability to sleep was a result. Chamomilla 3x, and mercur. sol. 5, failed to give any relief.

Remembering that I had seen antipyrin recommended for nettlerash (but where, I have quite forgotten), I prescribed antipyrin gr. $\frac{1}{4}$, in a teaspoonful of water three times a day. The mother said the first dose relieved, and the rash, which had lasted four days, disappeared and has not returned since.

There have been numerous cases reported in the medical journals where *antipyrin* has caused erythematous and urticarial eruptions, and it was satisfactory to be able to relieve a similar disease with a remedy that has caused it. The child was quite healthy otherwise.

Reported by Dr. WASHINGTON EPPS.

Constipation.—Hard Water.

The following case is interesting from the five weeks' duration of complete stoppage of the bowels and the prompt action of hard water.

C. F., aged four years, in general appearance healthy, has suffered from constipation all his life. When first seen in May, 1877, the bowels were acting every 14 to 21 days, the stool being in small, round, very dark pieces. There was often inclination, even to a dozen times a day, without result. Patient looks dull about the eyes.

In May and June, the boy went for 35 days without any action. On the 14th day he dropped little pieces of

* Contributions are invited for this department. They should be addressed to Dr. Ord, Madeira Road, Bournemouth.

his motions as he played about, and he had frequent inclinations. He continued perfectly well, eating and drinking as usual until the 30th day, when he vomited his food four times. On the 35th day of stoppage the father gave an enema, which brought away a large quantity of fæces, and the child was quite well again. In July and August, the boy went with his father to the Convalescent Hospital, Eastbourne. Whilst there the father and most of the other patients suffered from most obstinate constipation, caused by the chalky water, and had to take the usual daily pill. The boy had a natural relief of the bowels each day during the visit. On returning to London the constipation gradually returned, until there was an action only once a week, then fortnightly. The boy was eventually cured by being allowed to eat six to twelve oranges a day, his bowels then acted every four or five days.

The remedies given, but without result, were opium, lycopodium, nux vomica, plumb. acet., calc. carb., and veratrum album, in the above order.

Head Symptoms of Graphites.

The following symptoms occurred about the 10th day on three separate occasions, in a male aged 24, who was taking graph. 2x and 3x in 3 grain doses night and morning, for psoriasis unguialis. The symptoms would disappear in a few days with china 1x. Patient described the pain as "an intense, heavy weight, or dull pressure, in the upper part of the occiput, with a feeling as if the head were drawn back and the neck would break, obliging him to rest his head." While the pain lasted he was quite unable to read or work.

Reported by Dr. A. M. CASH, Torquay.

Chronic Nodular Rheumatism, Persistent Pain and Acidity.—Rhododendron.

Mrs. M., 75, a martyr to rheumatism many years. Hands much deformed, fingers crippled and joints swelled. Her chief complaint is of obstinate gnawing pain in the stomach, which is very distressing. She has hot acid heartburn and eructations, severe gnawing pain in the loins and lower limbs down to the toes. Often feels as if a cold wet sheet were round her, and is always very chilly. Urine clear and copious. Kali bich. effected

little. Heavy sweats at night which do not relieve pain. Gave merc. dulc. This gave her some relief, but the pain returned, "as if bones were gnawed." I prescribed rhododendron 1x, gtt. v. ter. die. In a few days the pain and acidity were relieved, and she rapidly became much better, and a month later was still keeping so.

Effects of Insolation.—Hydrocyanic Acid.

A stout, healthy farmer, of about 45. Two or three years ago he got his head greatly heated when out in the fields one very hot day, wearing a loosely-made straw hat. He appears to have had some form of brain illness in consequence, and since then has been fit for nothing, can do little or no work, and bears no thought or worry. He sits or lies like a log on the sofa all day long, and complains of a feeling "as if a cloud were going over the brain." The face is red and bloated; eyes nearly closed and cannot bear light; congestion of the conjunctivæ. He is heavy and sleepy all the day. Tongue white, furred; abdomen full and flatulent after meals. He cannot work or attend to his farm as he should. Has tried a number of old-school doctors without benefit.

Twelve days of acid. hydrocyan. 3x, gtt. iii. ter die, changed all this. "The cloud has passed away," he said. I found him comparatively lively, with his eyes open, and more natural and cheerful. Able to ride about and attend to his farm.

A VAGINAL HYSTERECTOMY, AND ITS SEQUEL.

By GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

DR. G. J. LOUGH, of Hastings, in the summer of last year sent up to me a patient with carcinoma of the cervix uteri, for radical treatment if practicable. The lady was in otherwise moderately good health, was 49 years old, and her most marked symptoms were a constant though inconsiderable pinkish discharge, and a persistent backache.

I found, as Dr. Lough had quite correctly diagnosed, a scirrhus mass involving the cervix uteri. As the uterus

itself was mobile, and there was no evidence of infiltration into either broad ligament, I advised complete removal of the uterus, together with the diseased cervix, ere cancerous deposit in peri-uterine tissues should render all hope of entire ablation futile.

On June 13th I performed vaginal hysterectomy, under conditions of extreme difficulty. On reflexion of the vaginal mucous membrane, the diseased process was found to extend farther laterally than had been suspected; and this development, hindering the descent of the uterus on traction, rendered the operation anything but an easy matter. Much hæmorrhage occurred during enucleation, and clamps and ligatures were used freely. Toward the close of the operation, in removing a matted mass of tissue, the bladder wall was incised, but the incision was immediately sewn up with carbolised silk. The operation altogether lasted two hours.

As concerning the hysterectomy, the patient convalesced fairly well. The clamps were removed on the second and third days, and a small piece of sloughing tissue soon after was discharged. But in about a week the silk suture used in closing the bladder wound came away, and from that time incontinence of urine began to develop, until finally it became complete. A Jaques' winged catheter was constantly kept in the bladder, and this cavity well syringed twice or thrice daily in the hope that the fistulous opening would contract. So soon, however, as the catheter was removed, the urine trickled away per vaginam, and this complication impeded convalescence materially.

She left London and returned to Hastings to still further recuperate, ere any attempt was made to close the fistula, and in the course of a few weeks returned to town for the requisite plastic operation. The whole of the urine was now discharged through the vagina, and the patient's condition was necessarily one of acute discomfort.

In October, the operation for closure of the vesico-vaginal fistula was performed. The fistulous opening was irregular and distorted; and the mucosa of the bladder bulged through the aperture; this latter would readily admit the index finger at least. The uterus being absent, it was impossible from the conditions to make the vaginal wall taut, and to further complicate matters,

the opening into the bladder was in part closely connected with the cicatrix of the previous operation. Segment by segment the fistulous edge was straightened out and pared, and this part of the operation was extraordinarily tedious and difficult. The eversion of the bladder mucosa, the distorted edges, and the attachment of these to adjacent cicatrix, with the impracticability of putting the whole on the stretch, evoked an unusual amount of patience and resource. Finally, sutures of silk-worm gut were passed and tied; the bladder was distended with fluid to test its integrity and the patient put back to bed. A Jaques' winged catheter was retained for more than a week in the bladder, and the vagina very carefully douched with antiseptic fluid.

On removal of the winged catheter, eight or ten days after operation, it was obvious that the vesical leakage had not been arrested; urine still trickled from the vagina, and a fortnight after the first a second attempt was made to firmly close the fistula. This operation was even more difficult than its predecessor, as the sinuous outline, the crumpled and cicatricial edge, and the textural looseness of the surrounding tissue rendered exactitude in apposition of pared edges still less practicable than before. A similar method of operation and a similar after treatment were adopted, and a second time the result was unsatisfactory.

I now determined to adopt a more radical but less difficult procedure, and close the vagina immediately below the lower limb of the fistula. A segment of the vagina, intervening between the cicatrix of the primary operation and the plane of the lower extremity of the fistula, would thus be made continuous with the bladder, but discontinuous with the vagina. This operation was accordingly performed about three weeks after the second plastic procedure, and the result was from the first satisfactory. Urine ceased to leak after the catheter was withdrawn, the retentive capacity of the bladder was once more established, and the incontinence was now abolished.

Colpocleisis has been the resource of other operators when plastic operations on the fistulous opening itself had proved useless or impracticable. It is a comparatively rare operation, and its development as an effective procedure we owe to Professor Simon, of Heidelberg.

Vidal de Cassis had previously performed labial occlusion for the same end; but this method has proved far less satisfactory than Simon's procedure, which is now the plan of election when more direct measures are inutile. The small segment of vagina incorporated in the bladder tract appears to cause neither inconvenience nor urinary concretion; and in this instance, as the uterus had been removed, there were no secretions to intermix with that normal to the bladder. Hegar and Kaltenbach deal fully with this subject, and cite ten cases of Professor Simon's, under observation for from five to ten years, where no contingent difficulties had supervened. Bantock also, as narrated by Doran, has employed this plan in at least one case, and with similar good results.

REVIEWS.

The "Every Hour" Diary for 1896. Dublin: Eason & Son, Limited.

THE title fairly describes this "time-saving novelty." The pressure of a busy life causes such contrivances as this to be appreciated, and by the methodical man this diary will be regarded as a treasure. Each page is ruled vertically and horizontally, and contains spaces for engagements at all hours in the week, from 9 a.m. to 6 p.m., in addition to smaller divisions for morning and evening appointments. The months are indexed marginally by the cutting away of part of the edge of the page. The diary is presented in a card-board cover, with a pocket at one end and a blotting-pad at the other. The covers of the diary contain a calendar and the usual postal and eventual information.

Manual of the Essentials of the Eye and Ear. By J. H. BUFFUM, M.D., Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College. Gross & Delbridge Company, Chicago. Pp. 815.

IN this country there exists a natural prejudice against obtaining knowledge by means of "compendiums" and cramming books generally. Knowledge so obtained is usually found to be untrustworthy when brought to a practical test. It was with this feeling that we began to read Dr. Buffum's little book, and after putting it down we have come to the conclusion that if one is to learn one's ophthalmology in such a manner, one cannot have a better guide than, Dr. Buffum

for he certainly possesses the art of being able to express briefly, clearly and correctly, "the essential diagnostic and therapeutic points of the various diseases of the eye and ear," in the form of question and answer. Dr. Buffum disarms criticism by stating in his preface that "it is intended that the outlines here given will be supplemented" by lectures and references to larger text-books. The book is one that a student or general practitioner taking out a course of ophthalmology would do well to run through to obtain a rapid and clear survey of the subject. The views expressed are those generally accepted by the latest authors on the subject. The indications for homœopathic remedies are mostly carefully selected and only those found of practical value given. The use of adjuvants is recommended, and the various kinds differentiated. There are fairly good coloured drawings, though, unfortunately, the black colouring matter on the plate facing page 188 has gone somewhat astray.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session was held on Thursday, February 6th, 1896, at the London Homœopathic Hospital. Dr. Goldsbrough, President, in the chair.

The following specimens were shown :—

A strangulated ovarian cyst, from a patient, æt. 85, who was also the subject of "missed abortion." (Dr. Burford.)

An ovarian cyst, removed from a patient, æt. 15½. (Dr. Burford.)

An extra-uterine gestation cyst, with embryo. (Dr. Neatby.)

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

A discussion on "The Action of the So-called Heart-tonics," was opened by Dr. Dyce Brown with a paper on "Digitalis." The author considered the whole subject of the action of digitalis too long for discussion, so confined himself principally to its action as a cardiac tonic, controverting the view expressed by Dr. Hughes that digitalis is a direct "poison" to the muscular tissues of the heart, "paralysing and killing it." Dr. Dyce Brown considered that all through the pathogenesis of digitalis one saw the state of action and re-action, of stimulation and paralysis, in fact the double action seen in all drugs, and in virtue of which they act homœopathically. The therapeutic use and application of digitalis were discussed freely. After speaking of the various kinds of cardiac irregularity in which digitalis is indicated, the author discussed its relation to cardiac

dropsy, to which he considers it to be homœopathic. He concluded by saying that "digitalis in heart disease, when the cardinal symptom or key-note is irregularity of pulse and heart-action, is one of the most beautiful examples of *similia similibus*, and that our guide in choosing it as a remedy is the 'totality of the symptoms.'"

Dr. Byres Moir next introduced the subject of *strophanthus hisp.*, which he first described. He then fully detailed the physiological and experimental investigations made by Professor Fraser, quoting as evidences of the action of the infinitesimal in drug action the Professor's statement that a solution of one part in ten millions arrested the heart's action in extreme systole in the heart of a frog separated from the body. The action of digitalis and *strophanthus* were compared. The author concluded by giving the indications for its use in valvular disease of the heart such as some forms of mitral regurgitation and aortic stenosis and in certain cases of cardiac failure.

Dr. Macnish then gave a series of cases exemplifying the clinical uses of cactus.

A discussion followed taken part in by Dr. Nield, Dr. Clarke, Dr. Dudgeon, Dr. Hughes, Dr. Goldsbrough and Dr. C. Wolston.

Mr. Clement Wilkinson read a paper, "On the Influences of Certain Drugs on the Excretion of Uric Acid."

Accepting the modern theory that rheumatism and gout are the concomitants and partake the result of the presence of an excess of uric acid in the blood, the author set himself the task of determining, if possible, the influence of drugs on the excretion of uric acid. He, therefore, adopted a modified diet to reduce the supply of uric acid to as low a level as possible and carefully checked the results by the frequent estimation of uric acid excreted, finding after prolonged investigation an average. He then took a trituration of *lycopodium sporules* and found the amount of urea, uric acid and urates were increased. He next experimented with sulphur with the result of a diminution in the amount of urea and a decided rise in the quantity of uric acid.

Urtica urens was next experimented with, and it was found very markedly to stimulate the excretion of uric acid. Finally *vinum colchici* was used, which caused a very high output of uric acid.

The results were most carefully arranged in a tabular form and also illustrated by means of a chart. Therapeutic application, as a result of these experiments was lastly discussed.

Dr. Madden, Dr. Burford, Dr. Dudgeon, Dr. Moir, Mr. Johnstone and Dr. Epps took part in the discussion.

The meeting was very largely attended, and closed at 10.20.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

THE following circular has been forwarded to the various medical men interested :—

“ Brighton, January 31st, 1896.

“ My Dear Colleague,—I am sending you herewith a Preliminary Announcement of the above-named gathering, which after fifteen years' interval is to assemble next July in London again. In 1881 it was felt right that the expenses of the Congress should be defrayed by the Homœopathic Practitioners of Great Britain, so that our guests from over sea might have no charges to meet; and at the British Congresses of 1894 and 1895 it was determined that we should follow the precedent on the present occasion. At the latter meeting, moreover, it was voted that the sum to be asked from each for this purpose should be one guinea. I write now to solicit your aid to this extent, and feel that no words are necessary to commend this important assemblage to your support.

“ Contributions should be sent to the Treasurer, Dr. J. G. Blackley, 29, Devonshire Place, London, W., who will duly acknowledge them; and a list of the subscribers will be published in the British Homœopathic journals.

Believe me,

Yours very faithfully,

RICHARD HUGHES,

General Secretary.”

The following is the preliminary announcement referred to in the Secretary's letter :—

“ In accordance with the resolutions passed at the British Homœopathic Congresses of 1894 and 1895, the following will be the arrangements for the above-mentioned gathering :—

(1.) The Congress will be held at Queen's Hall, Langham Place, London, during the second week in July—Monday the 13th to Saturday the 18th inclusive.

(2.) The Congress is open to all qualified to practise medicine in their country; and members will be at liberty to introduce visitors to the meetings at their discretion.

(3.) The general meetings will be held on the Tuesday, Wednesday, Thursday and Friday, from 2.30 to 5.30 p.m., and on the Saturday at 2 p.m.* Sectional meetings can be

* Saturday's meeting will be for business only, and will be held at the hospital, like the sectional meetings.

held in the board-room of the London Homœopathic Hospital, Great Ormond Street (which has kindly been placed at the Congress's disposal for the purpose) during the forenoons, as may be arranged among the members themselves.

(4.) No papers will be read at the general meetings. The accepted essays will be printed and supplied to all who desire to take part in the debates on their subject matter. They will be presented at the meetings singly or in groups, according to their contents—a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion, after an appointed opener (or openers) shall have been heard.

(5.) The following is the order of business as far as is at present arranged:—

TUESDAY, JULY 14th.

Address of the President.

Presentation of Reports from the different countries of the world as to the History of Homœopathy therein during the last five years. Of these we have promises from Great Britain, India, Australia, and New Zealand; from Belgium and Denmark; from France, Switzerland and Portugal. We want reporters from Canada, Holland, Germany, Austria, Spain, Mexico, Italy, and the South American Republics.

Discussion.—On the Condition and Prospects of Homœopathy at the present time, and the best means of furthering its cause.

WEDNESDAY, JULY 15th.

Institutes of Homœopathy and Materia Medica.

For this day we have promises of the following papers:—

‘Drug-selection by Sequence of Symptoms.’ By Dr. Ord.

‘New Provings of Aurum.’ By Dr. Burford.

‘A New Posological Law.’ By Dr. V. Léon Simon.

‘The Place of Animal Extracts in Homœopathy.’ By Dr. Clarke.

‘The Clinical Value of Tuberculin.’ By Dr. Cartier.

The first two and last two will probably be discussed at the general, the third at a sectional meeting.

THURSDAY, JULY 16th.

Practical Medicine, with Diseases of Eye, Ear and Throat.

In the Ophthalmic department we are promised a paper from Dr. Bushrod James on the treatment of Strumous Ophthalmia; and in the Aural, two on the possibilities of Medicinal Treatment in Deafness, by Drs. Hayward Sen. and Cooper. These subjects will be discussed at the general meeting, together with an American essay on some point in Clinical

Medicine as yet unnamed. At a sectional meeting in this branch Dr. Hughes will bring forward the action of Colchicum in Gout, and Dr. Oscar Hansen that of Mercury and Iodine in Syphilis.

FRIDAY, JULY 17TH.

Surgical and Gynæcological Therapeutics.

The only material as yet in hand for this day's discussions is an essay by Dr. J. D. Hayward on "Some Experiences with Purulent Collections in the Thorax." Our American colleagues, however, have undertaken to supply two more papers on the day's topics, in which they have worked so largely and so well.

It will be seen from the above that our object is to discuss subjects rather than individual papers. Of the latter, therefore, we have no further need ; but we should be very glad of additional communications on the topics already specified, and on those which will be later announced as chosen by the American Committee which is co-operating with us. All communications relating to the work of the Congress should be addressed to the General Secretary. All Local Secretaries will be glad to afford information relative to accommodation, etc. In connection with this it may be mentioned that the members of the British Homœopathic Society resident in London are being invited to open their houses to guests from abroad.

The President and Mrs. Pope will hold a Reception on the Monday evening, at the Queen's Hall, for the members of the Congress, with the ladies of their families.

February, 1896."

INTERNATIONAL HOMŒOPATHIC CONGRESS.

LIST OF CONTRIBUTORS TO GUARANTEE FUND.

	£	s.	d.		£	s.	d.
Dr. Dudgeon... ..	1	1	0	Dr. A. E. Hawkes (Liver-	1	1	0
„ J. H. Clarke	1	1	0	pool)	1	1	0
„ E. A. Neatby	1	1	0	„ Miller (Glasgow) ...	1	1	0
„ Molson (Wimbledon)	1	1	0	„ Cronin	1	1	0
„ C. E. Wheeler (King-	1	1	0	„ Searson (Ealing) ...	1	1	0
ston-on-Thames)	1	1	0	„ Newbery	1	1	0
„ Stonham (Ventnor)	1	1	0	„ Madden (Bromley)	1	1	0
„ MacLachlan (Ox-	1	1	0	„ E. J. Hawkes (Rams-	1	1	0
ford)	1	1	0	gate)	1	1	0
„ Weddell (Sunder-	1	1	0	„ Storrar (Southport)	1	1	0
land)	1	1	0	„ A. R. Croucher (St.	1	1	0
C. Knox Shaw, Esq. ...	1	1	0	Leonards)	1	1	0
Dr. Ker (Cheltenham)	1	1	0	„ Sandberg	1	1	0
„ Greig (Wakefield)	1	1	0	„ Pope (Grantham) ...	1	1	0
„ Neild (Tunbridge	1	1	0	„ Pincott (Tunbdge W.)	1	1	0
Wells)	1	1	0	„ Proctor (Birkenhead)	1	1	0
„ Roberts (Harrogate)	1	1	0	„ Dr. Pullar	1	1	0

LIVERPOOL HAHNEMANN HOSPITAL.

ANNUAL MEETING.

THE annual meeting of the subscribers to and friends of the Liverpool Hahnemann Hospital and of the Homœopathic Dispensaries was held on the 4th inst., in the Town Hall. The Lord Mayor (the Earl of Derby) presided, and amongst those present were the Revs. Canon Fergie, H. J. M'Kinney, Charles Garrett, and H. M. Black, Messrs. Henry Tate, jun., W. H. Tate, J. Temple, W. J. Davey, J. C. Stitt, I. C. Thompson, S. S. Bacon, H. Rensburg, T. G. H. Nicholson, T. Gee, H. J. Robinson, George Atkin, S. J. Capper (honorary secretary), E. S. Eccles (honorary treasurer), George Winstanley, and H. C. Gillmore, Drs. Watson, Gordon Smith, Capper, J. W. Hayward, J. D. Hayward, Charles Hayward, Peter Stewart, B. Thomas, C. R. Niven, Gordon, Mahony, Hawkes, and Mr. T. Cooper (Secretary). There were also present a large number of ladies, and several nurses from the institution.

Mr. Thomas Cooper (secretary) read the report, which gave a full account of the excellent work accomplished by the hospital and the homœopathic dispensaries. It showed that, although over 90 surgical operations had been performed in the hospital during the year, not a single death had occurred in those cases. The services of the nurses had given every satisfaction. The financial position of the hospital had been a source of anxiety, and the committee appealed to the public for further support. The committee announced with great pleasure that a friend of homœopathy, who had in the past freely supported the hospital, had founded, fitted up, and intended to endow a convalescent home, which would be available for the admission of children and young women recommended from this institution for the continuance of homœopathic treatment during convalescence. (Applause.) The attendance of patients for the year 1895 was as follows:—Out-patient department, Hope Street—Attendances at the dispensary, 88,106; and visits at own homes, 7,584. Roscommon Street Dispensary—Attendances at the dispensary, 24,424; visits at own homes, 8,108; total attendance, 68,167. The number of in-patients treated within the hospital during the year ending 31st December, 1895, was 487, and admitted during 1895, 408.

Mr. E. S. Eccles (honorary treasurer) submitted the financial statement, which indicated that the total expenditure was £8,485 14s., and that the balance in excess of income was £982 10s. He mentioned that they would yet receive a

legacy from the late Mr. Woolfall, of New Brighton, of £180, which would reduce the adverse balance. It was a fact, however, that each year they had a balance on the wrong side of between £650 and £700. They had done what they could to reduce expenses, and they appealed to the public for more help. He regretted that the Hospital Saturday and Sunday Fund had not seen their way to enlarge the grant to this institution. It simply received £212—the same amount the committee received when they had only the dispensaries. Not one farthing was added when the hospital was established. Their chairman (the Lord Mayor), with his usual kindness, had helped them with a donation of 20 guineas. (Applause.)

Lord Derby moved the adoption of the report and statement of accounts. He referred with pleasure to the work of the institution, and the excellent management and beautiful arrangement of the hospital, which, by the kindness of the committee, he had the privilege of inspecting the previous day. (Hear, hear.) The financial statement was not wholly satisfactory, and he would at once read a letter which had been sent to him to be made public. It ran as follows:—"8rd February, 1896.—My Lord,—My father, Mr. Henry Tate, of Streatham, the donor of the Hahnemann Hospital, has authorised me to say that he will give the sum of five thousand pounds (£5,000) to the funds of the above hospital. The amount is to be invested by the committee, and the proceeds only of the investment used for the maintenance of the charity. If your lordship would kindly make the announcement at the annual meeting to-morrow, it may do some good to the hospital.—With respect, I am, your obedient servant, William Henry Tate." (Applause.) He (Lord Derby) had now almost lost count of the number of times recently Mr. Tate had contributed large sums to charitable institutions. (Hear, hear.) The qualification accompanying this gift was of the utmost value, namely, that it should be applied to the maintenance of the hospital. It seemed sometimes a comparatively easy matter to get subscriptions for new wings or additions to buildings, but it was not so easy to raise money for the annual income. The hospital accomplished a grand work, which would be understood when they looked at the number of out-patients treated, as well as the number of in-patients who were cared for, and he wished that the public would support it in proportion as they did other kindred institutions. (Hear, hear.) He reminded all present that it was only by constantly bringing the claims of the hospital before the public in these days of competition that it could hold its own. (Hear, hear.) He wished also to pay a tribute to the manner in which the lady superintendent and the nurses

fulfilled their part in the institution by making the wards bright and comfortable. (Applause.)

Mr. Henry Tate, junior, seconded the motion. He dwelt with satisfaction upon the low death-rate of the hospital, and the success that attended the treatment of the patients. He appealed to the public to support what they could not but acknowledge was a good work, and a work which the committee hoped would not be curtailed. He trusted that the donations just announced would be the beginning of the end of the financial troubles of the hospital. (Applause.)

Mr. J. Temple supported the motion. He said that he took great interest in the endowment fund of the hospital. He was delighted with the munificent donation of Mr. Tate, and he (Mr. Temple) would like to see an effort made to increase it to £10,000. (Hear, hear.) He would start the list with £500, which sum he would send to the treasurer—(applause)—and every time a fresh thousand pounds was started—up to £5,000—he would lead off with £50. (Renewed applause.)

The resolution was carried.

The Rev. H. J. M'Kinney proposed a vote of thanks to the general and executive committees, and the ladies' committee, for their services during the year. He spoke of the benefits to himself of homœopathy, and of the good, to his knowledge, the hospital was doing in the city. He would like to see similar institutions established in other parts of the country. In conclusion, he referred in words of praise to the work accomplished by the ladies' committee. (Hear, hear.)

The Rev. Canon Fergie seconded the motion, which was carried.

On the motion of the Rev. Charles Garrett, seconded by Mr. W. J. Davey, the president, vice-presidents, honorary secretary and treasurer, auditors and members of the committee were elected.

Mr. J. C. Stitt moved a vote of thanks to the honorary medical officers of the institution. This was seconded by Mr. I. C. Thompson, and carried.

Mr. W. H. Tate proposed a vote of thanks to the Lord Mayor. Mr. S. S. Bacon seconded this resolution, which was carried.

The proceedings were then brought to a close.

The Lord Mayor paid a visit to the hospital on Monday, and when leaving made the following entries in the visitor's book :—"Charmed at the brightness and perfect arrangements of the hospital," and "The hospital seems to be admirably adapted for its purpose, and to be beautifully kept in every way."

The *Liverpool Mercury* of the 5th ult., from which we take the

foregoing report, makes following comment upon the proceedings in its leading columns :—

“ The generosity of Mr. Henry Tate is apparently inexhaustible. Taking a deep interest in the working and welfare of the Hahnemann Hospital, and having already manifested his practical sympathy with the institution in a munificent manner — having, in fact, erected the edifice — he has contributed a further sum of £5,000 towards the general maintenance of the charity. Liverpool has never been wanting in citizens who looked upon the fortunes accumulating in their hands as to no inconsiderable extent trusts to be administered for the public welfare. The activities of this great community have brought abundant wealth to many, but in no city of the kingdom has affluence paid more bountiful tribute to every good and deserving cause. The monuments these liberalities have created are all round about us, and the stream of money that sustains them, and even adds to their number, never seems to lessen in volume. Mr. Henry Tate occupies a prominent place amongst the most princely of Liverpool's benefactors, and will be remembered with gratitude long after he has passed away from us. The additional aid he has just rendered to the Hahnemann Hospital will no doubt stimulate others to help in raising a sum sufficient to place that admirable institution in the position of power and stability the excellence of its work entitles it to hold.”

THE HAHNEMANN CONVALESCENT HOME AND DISPENSARIES, BOURNEMOUTH.

THE seventeenth annual meeting was held at the Home at 8 p.m., on January 31st, 1896. The chair was taken by Captain Harrison. The reports were read by the secretary, and the financial statement by the Rev. F. Young, hon. treasurer. The adoption of them was proposed by the chairman, seconded by Dr. Nankivell and carried. The election of Earl Dysart as president, was proposed by John Grey, Esq., and seconded by J. H. Ridgway, Esq.

It is with especial gratification that we chronicle the successes of institutions such as this. Until the veil of prejudice is taken away from the minds of the profession, allowing its members to study unbiassedly the rational system of therapeutics, the earnest and fruitful work done under their auspices forms the only means of upholding the “ cause ” of homœopathy. The results obtained form at once the proper and the best means of advocating the truth of which we are proud to be the humble upholders. In passing, we may remark that it is an anomaly of which a future

generation will demand explanation, that truth should require such persistent advertisement. However, if its progress be slow, we are cheered to know and to see that it is sure. On all hands, at home and abroad, there are those whose repeated experiences prove the value of the law of similars, and whose atoms of success contribute to swell the tide which in the near future will roll in triumphantly. We hope that the facts we are able to announce from time to time will cause isolated workers to take courage and to press on. It is not given to all to do as much as the Bournemouth Home and Dispensaries, but each can do his share.

Our colleagues at this flourishing health resort have carried on their work for over seventeen years, and to-day it is more prosperous than ever. In spite of the loss (by removal) of Dr. Pullar, for a short time amongst them, the number of patients seen has been greater than ever. Of the good results achieved we can speak from personal knowledge in some instances. Patients from all parts of the kingdom are benefited, and leave the town to spread its fame and that of homœopathy and the doctors.

We note that 834 visits were made by the medical staff, being over 100 more than the previous year, and that the attendances at the dispensaries numbered 2,618, also showing a large increase over 1894. These figures prove both the zeal of our friends in charge and the appreciation in which their services are held.

The financial position, though boasting a deficit, is better than many other larger and more widely known charities.

The medical report gives an encouraging statement of the work; 447 are modestly stated to have "recovered," while 258 were improved; only 41 out of the total of 847 patients were "unimproved."

We congratulate our Bournemouth colleagues, and hope to have many similar advances, theirs and others, to report during the present and following years.

HOMŒOPATHIC MEDICAL COLLEGES.

THE reports which reach us through our American exchanges of the educational status of some of the Medical Colleges under the control of homœopathists are very gratifying. Mr. J. R. Parsons, the Director of the Examining Board appointed to examine graduates for a State License to practise in New York State, recently wrote as follows to Dr. Tod Helmuth, the Dean of the New York Homœopathic Medical College: "For several days I have been at work on the statistics of the licensing examinations, and I think you will be interested to

know that the New York Homœopathic Medical College and Hospital stands at the very head of all the medical schools in New York State in the percentage of men who have passed the licensing examination with honour since these examinations were first established."

The Hahnemannian Monthly, reporting on the last examinations of the Pennsylvania State Licensing Board, states that Dr. Alfred Cookman, a graduate of Hahnemann College, Philadelphia, made the best record of any applicant since the organisation of the State Medical Council, his average being 99.71. He received a percentage of 100 in each of the seven branches in which he was examined by the Homœopathic Board, except anatomy and surgery, in which it reached 99.

The examination of the several applicants was the most stringent in the history of the boards. Only 6 of the 14 examined by the homœopathic, and 26 of the 76 of the allopathic board passed.

HOMŒOPATHIC HOSPITALS IN THE UNITED STATES.

WITHIN the last few months Ex-Governor Flower and his niece, Mrs. Halsey, have endowed five new beds with \$5,000 each in the hospital presented by Mr. Flower to the New York Homœopathic Medical College; while \$15,000 have been received from Mrs. Kunhardt, wherewith to build a new ward in memory of her husband.

The Hahnemann Hospital, Philadelphia, lately held its "Annual donation day" when a committee of ladies were in attendance from 11 a.m. to 6 p.m. to receive donations and show visitors through the Institution. Gifts to the amount of \$2,500 in cash, together with groceries to the value of \$250, and a considerable amount of household linen were received.

At the Homœopathic Hospital at Rochester, N.Y., \$5,000 have been received from Mrs. Alvazo Watson for the endowment of a bed. This sum completes a donation of \$89,000 which this lady has furnished to the Rochester Hospital.

PASSAIC HOSPITAL, NEW JERSEY.—The Board of Directors of the Passaic Hospital Association have decided to allow homœopathic physicians to be members of the medical staff. Formerly, only members of the Passaic City Medical Society were appointed to the staff, and that society is composed of allopathic physicians. The reason given for the change is that many leading families refused to help the hospital because homœopathists were not recognised.

OXYGENATED CHLOROFORM.

THIS preparation is largely used in the United States. The apparatus for its administration is the invention of Dr. H. L. Northrop, of Philadelphia. He is a member of the Homœopathic school, and first brought it before the profession at a meeting of the Hahnemann Clinical Club a year and a-half ago. After a search at Washington, the patent office showed no record of any apparatus ever having been devised for the purpose of administering this combination.

The report of the Chloroform Commission was: "That complete anæsthesia was produced as a rule in a shorter time than can be done by ether or chloroform. Average time 4 7-100 minutes. That the quantity of chloroform used in many cases was insignificant. That recovery takes place very quickly."

The new apparatus is considered as second to the discovery of chloroform itself, in that it makes the use of that wonderful painless agent not only so safe, but by the use of oxygen introduced right along during the operation its tonic influence is given to the patient, thus preventing largely any collapse following the operative procedure.

MICROSCOPY IN PHILADELPHIA.

FROM the *Hahnemannian Monthly* we learn that this city has a "Saturday Night Club of Microscopists." We conclude it is a new institution; its members numbering, so far, only thirty. The president is Dr. Joseph E. Guernsey, and the treasurer and secretary Dr. Nathan Smiley. We think it is a pity some of our younger men do not form some such union or society for the advancement of this branch of learning, and to interest and instruct members of our own body who, at present, have no facilities for pursuing this study.

DENVER HOMŒOPATHIC HOSPITAL.

SOME one's generosity has offered to the Homœopathic Society of Denver, Colorado, half a block of ground on which to erect a hospital. The offer is accompanied by the condition that the hospital be erected at once. The condition will be complied with, as much of the necessary money is already in hand.

THE CHAIR OF ANATOMY IN HAHNEMANN COLLEGE, PHILADELPHIA.

IN a recent issue we noticed the death of the late Dr. A. R. Thomas, Professor of Anatomy in this College. We now learn that Dr. Herbert L. Northrop has been elected as his successor.

Professor Northrop is a son of the Rev. Dr. Henry Davenport Northrop, formerly pastor of the North Tenth Street Presbyterian Church, and was born in London February 10th, 1866, during the temporary residence of his parents here, returning to America when about one year old. He received his early education in the schools of Hartford, Conn., Birmingham Academy, near New Haven, and the Boys' Central High School. Entering the Hahnemann College in 1886, he graduated with honour in 1889, and was immediately appointed resident physician of the Hahnemann Hospital, which position he held one year. Then he became associated with the distinguished surgeon and oculist, Dr. Charles M. Thomas, Professor of Ophthalmology, son of the late dean, serving in that capacity three and a half years, and afterward with the eminent surgeon and professor of surgery in the college, Dr. William Van Lennep.

About two years ago, soon after Dr. A. R. Thomas became ill, Professor Northrop was asked to deliver some of the lectures on anatomy, and his work was so satisfactory that he soon received the appointment of Adjunct Professor of Anatomy, and since the latter part of the last session has been delivering all the lectures on anatomy with satisfaction to the faculty, and especially the students, who love him. Several years ago, while serving as anæsthetist to the Hahnemann Hospital, through his untiring energy, skill and perseverance, Dr. Northrop devised a method for the production of anæsthesia by the combination of oxygen gas and chloroform, and has demonstrated its practical utility to such an extent that it is now used almost exclusively in the Hahnemann Hospital. An anæsthetic commission was suggested and inaugurated by him, under whose auspices experiments were carried out, and which led him to issue a pamphlet entitled "Reasons for the Administration of Oxygen with Chloroform when the latter is the Anæsthetic," which was prepared for the State Society. He has also written other valuable papers, among them "The Treatment of Accidents during the Anæsthetic State," "Intra-Circulatory Injections of Saline Solutions," and "The Technique of Wound Treatment." Professor Northrop is junior surgeon of the Hahnemann Hospital and member of the American Institute of Homœopathy, the Pennsylvania State Homœopathic Society, the Philadelphia County Homœopathic Society and the Hahnemann Clinical Club.

MEDICAL TREATMENT IN SURGICAL DISEASES.

We understand that Dr. Emile Schlegel, has written a work on this subject which merits careful perusal. Its title is

“*Innere Heilkunst bei Sogennanten Chirurgischen Krankheiten.*” The relation of homœopathy to surgery is taken up, and a number of surgical affections dealt with in which it has been found useful by the author. The subject is of such importance that we hope at a future date to present our readers with further information respecting this work.—*Hahnemannian Monthly*.

KALI BICHROMICUM IN HEART DISEASE.

DR. IDE, of Stettin, Germany, regards kali bichr. as worthy of confidence in the management of heart affections, though it has been little used in this sphere. He has found it to do good service in angina pectoris of gastric origin, but he would think it more indicated in essential heart weakness, especially in chronic myocarditis. He had under treatment a case with decided cardiac incompetency, great general weakness and cedema around the malleoli. The patient (a female), from sheer weakness, was unable to speak aloud, and, at times, was wholly voiceless. Kali bichr. here did efficient service. Here it is analogous in action with arn., cuprum, glonoin, and veratrum as well as arsen., brom. and digitalis.

All the potash salts have an affinity for the heart where especially the dyspnoea, sensation of pressure and painfulness in the chest, with the violent and anxious palpitation point to its homœopathicity in this sphere. In death from poisoning by this drug the heart first fails.—*Zeitschrift Des Berliner Vereines Homœopathischer Aertze*, Bd., xiv., Hft., v., 1895.—(*Ibid*).

COMPULSORY ANTITOXIN IN DIPHTHERIA.

PERSONAL liberty is (Mr. Stead being witness) very highly prized in Chicago! We now learn from *The North American Journal of Homœopathy* and *The Homœopathic Envoy* that the “free and independent” draw the line in this matter at the treatment of diphtheria. Chicago glories in having “sixty antitoxine stations, with full supplies of remedy culture outfits, etc.” “The Commissioner of Health, who by the way is not a medical man at all, but a graduate of a real estate office or some such commercial institution, has been advised by some poor advisers that antitoxin is a specific for diphtheria. As soon as a case of this disease is reported, an ‘Inspector’ from the Department of Health visits the house. He asks the physician in charge of the case if he is using antitoxin, and if he is not the ‘Inspector’ administers the serum himself! A protest from the family physician is of no avail. The serum *must* be injected.” It is needless to say that the profession is indignant. But resistance on their

part, in individual instances, might be dangerous, as police officers all carry revolvers, and require but little provocation to indulge in a little practice! Liberty loving Chicago!

CHENOPODIUM IN OTITIS INTERNA.

LINNELL states (*Journal of Ophthalmology, Otology, and Laryngology*) that our means of curing or even ameliorating affections of the internal ear are so meagre that anything which promises to extend them is deserving of record. He then narrates a case in which it is difficult to make a positive diagnosis, but a sudden exudation, serous or bloody, in the labyrinth, followed by inflammation, and preceded and followed by a slight catarrhal otitis media, seemed to afford the most rational explanation of the symptoms exhibited.

The improvement in the case narrated seemed to him to be fairly attributed to the remedy prescribed (chenopodium 6x). The condition had lasted for upward of three years, and had not been benefited by previous treatment. No other treatment was employed while taking chenopodium.

He further reports a second case, where there was an implication of the left labyrinth in connection with slight otitis media catarrhalis chronica of both ears. The symptoms were: Deafness in left ear for several years; no tinnitus; consciousness of the ear; sensitive to musical sounds; deaf for the watch and voice. Rmt., normal; Lmt., somewhat retracted and dull; no light spot; good vibration with otoscope. Eustachian tubes dilatable. Bone conduction diminished from left mastoid. In this case, the prescription was chenopodium 6x, and permanent improvement in all the symptoms followed.

In the proving of chenopodium we find recorded "progressive deafness to the voice, but great sensitiveness to the sounds of passing vehicles, each one of which sounded like roaring of immense cannon right into his ear, the same sensitiveness to other sounds, for example the tea bell; also buzzing in the ears."

This condition, deafness to the voice but sensitiveness for other sounds, was present in both of the cases recorded above, and Linnell has found it a reliable indication for the remedy. In addition, he puts on record as cured symptoms, the following, viz.: absent or deficient bone conduction restored under the use of the drug; roaring tinnitus synchronous with the action of the heart. A consciousness of the ear; sensitiveness to musical sounds and to cold. Hearing better for shrill, high-pitched sounds than for low tones.

EARLY RISING AND INSANITY.

THE statement by a prominent alienist and superintendent of a large insane asylum, that early rising promotes insanity, comes with a terrible shock upon the serenity of established beliefs and long-cherished customs. Dr. Selden H. Talcott, of Middletown, N. Y., however, supplements this statement of his by arguments of no mean weight. He calls attention to the relative frequency with which farmers, their wives, daughters and sons become insane. The cause of this has heretofore been thought to be their isolated lives, their hard work, and perhaps the excessive use of pie and potatoes; yet these have never seemed quite adequate explanations, when one considers the fact that the farmer has constantly fresh air, abundant exercise, no undue excitement or mental strain, and relatively little alcoholism and syphilis. So that Dr. Talcott's view, is, at least, a helpful one, in the way of explaining the psychopathic tendencies of the ordinary agriculturist. He states that the excessively early hours of rising, which are customary among farmers, which hours are imposed upon their sons and daughters and wives, prevent a sufficient amount of rest. Growing children, he thinks, in particular, suffer from "the artificial cut-off" which is applied so rigidly to their lives.

The suggestion of Dr. Talcott is valuable from another point of view, because the particular cause of insanity to which he refers is one that can be so easily and comfortably combated. It is not like the enforced abstinence from alcohol, and tea and tobacco, high thinking, and all the other ordinary comforts or luxuries of civilization. The diminution of insanity by staying in bed later in the morning is a task to which all will address themselves with pleasure, and we believe that every farmer's boy will have a sense of particular kindness toward the physician who has discovered this new method for preventing possible mental disorders. We might readjust the well-known lines of Sir William Jones, for the benefit of the farmer, somewhat as follows:

"Eight hours to sleep, to soothing pleasures seven,
Nine to the farm allot, and all to heaven."

—*Homoeopathic Envoy.*

TRIONAL AS A HYPNOTIC,

BOUDHAU (*Thèse de Paris*, 1895) reports the results of experiments as to the hypnotic effects of trional in 80 cases of ordinary illness. The doses used were sometimes small (1 to 2 g.) sometimes larger (2 to 4 g.); the weaker doses particularly produce the hypnotic effect, while the stronger have a sedative action in cases of irritation. The drug was given in

cachets, a hot liquid being swallowed immediately after it. The average duration of sleep produced was about seven hours, it came on from three-quarters of an hour to [an hour after the administration of the drug. The sleep was quiet and easily interrupted but quickly renewed. Trional was especially successful in insomnia due to pain; no serious symptom followed the taking of the drug. In four cases it seemed to cause nightmare, and in four others there were some passing disturbances on awaking, such as nausea, headache, vertigo, uncertainty of movements, and tinnitus. In two cases sweating without apparent cause was noted. The only instance in which the drug failed was in a woman suffering from cardiac asystolia. The author sums up that trional has a sure hypnotic action; that in therapeutic doses it has no effect on the circulatory, respiratory, or digestive apparatus, while its action on the secretions is insignificant. Moncorvo, of Rio de Janeiro (*Bull. de l'Acad. de Méd.*, September 8rd) has investigated the therapeutic effects of trional in children. He first tried it in the insomnia of neurotic children and in sucklings suffering from digestive disturbances. Encouraged by the prompt and sure effect of the drug and by its harmlessness, he proceeded to try it in the insomnia which is common in the exanthemata, particularly in the two first stages of measles, small-pox, and scarlatina. The drug also acted satisfactorily in the case of children suffering from malaria, in which insomnia is common as an early symptom. Given in small doses (20 to 25 centigrammes) before bedtime in such cases trional almost invariably succeeds. It was also used with much advantage as a means of subduing the phenomena of cerebral excitement in pernicious cases of malaria. The insomnia, which is often so troublesome in cases of cerebral irritation, was always mitigated or prevented by trional given in a dose usually not exceeding 50 centigrammes half an hour before the time when it was desired to produce sleep. In two cases of tuberculous meningitis the sedative action of trional on the brain was "truly wonderful." The drug was also tried with satisfactory results as a remedy for the psychical disturbances of cerebral sclerosis. In one case, that of a girl aged nine, who since the age of three had been the subject of right hemiplegia, probably due to left cerebral hemiatrophy, trional in a daily dose of 50 centigrammes had an extremely good effect, and although the treatment was continued for several weeks, no disagreeable by-effect was noted. The drug was also used with advantage in the insomnia which frequently accompanies subacute or chronic tuberculosis in young subjects. Moncorvo found trional least successful

in insomnia accompanying painful affections, such as diseased bone and neuralgia. The drug was well borne, no disagreeable effect on respiration, circulation, or cerebral activity being observed. It was given, as a rule, in hot sugared milk, by which means its somewhat bitter taste was almost entirely masked. In older children it was given in cachets, a little hot tea or milk being swallowed immediately afterwards. The dose varied from 20 centigrammes to 1 g. in the twenty-four hours. Moncorvo sums up as follows: Of all substances possessing hypnotic effects which he has used in infantile therapeutics he has found none speedier or more certain in its effects than trional, which is also better borne by children than any other narcotic. Lastly, it has a sedative action on the brain, which renders it useful in nervous or psychical excitement dependent on intoxications or on lesions of the encephalon or its coverings.—S. Wolfe (*Med. and Surg. Reporter*, June 8th) has found trional superior in promptness, ease of administration, and absence of bad or disagreeable after-effects to most, if not all, other hypnotics. When a dose of 15 gr. is given, sleep usually ensues within half an hour, if at all, and this result seems but little altered whether the drug be administered in a warm vehicle (it does not readily dissolve) or given as a dry powder or in capsules. It is often so prompt that the patient sleeps within a very few minutes after injection. The dose in some cases must be larger than 15 gr., although he would not advise more in any case unless the susceptibility of the patient had been first ascertained; in many cases he believes 10 gr. would prove efficient. It may be safely repeated at least once in a night, and in an hour if necessary. He gives a few illustrative cases, and sums up as follows: (1) Trional deserves a high rank amongst hypnotics. (2) It has a useful range of application in catarrhal inflammations. (3) it deserves trial in neuralgic and myalgic affections. (4) It may be found useful in chorea and other neuroses.—*Brit. Med. Journ.*

A NEW USE FOR THYROID EXTRACT.

J. W. WHITE (*Univ. Med. Mag.*, August) reports the following case: In March, 1894, a young girl who was dressing in front of a mirror in a private carriage attached to a train was thrown violently forward, her face striking the mirror, which was broken into many pieces. A large crescentic wound of the soft parts of the right cheek was inflicted. The wound was quickly cleansed and the edges brought carefully into position with interrupted sutures. Rapid union, entirely by first intention, followed, and the scar appeared satisfactory. In

the following October it had become greatly hypertrophied and caused great disfigurement. Absorbent ointments, pressure by means of plaster, and other means of local treatment having been tried to no purpose, she was (in January 1895) put upon thyroid extract, from two to four tablets of "a well-known preparation"—each tablet containing 5 grains—being given daily. All local treatment was discontinued, the scar being only covered with a film of collodion to prevent abrasion or irritation and to keep up gentle pressure. On several occasions marked elevation of temperature and quickening of pulse occurred, once to an alarming extent; but in a few weeks a perceptible change was noted, and at the end of about six weeks the scar had in almost its entire extent come down to the level of the surrounding skin and the dense base had disappeared. White does not claim that this was a case of true keloid, but he points out that the clinical distinction between keloid growths and hypertrophied cicatrices is, after all, based on the size of the growth and on its course than upon any more definite differences. He reports the case "for the sake of the suggestion to which it leads up of the trial of thyroid extract in other conditions involving the skin, intractable to operative surgery, and either on the border line of malignancy, like keloid, or definitely malignant.—*British Medical Journal*.

HYPNOTISM AND CRIME.

THE Supreme Court of the State of Kansas, U.S., has rendered a decision in which hypnotism is recognised, both as a defence and as a ground for conviction of crime. The case passed on came up from the County District Court. Thomas McDonald, without apparent provocation, shot and killed Thomas Patton near his home, in Winfield, May 5th, 1894. He was arrested, charged with murder, and set up a defence that he was under the hypnotic influence of Anderson Gray, and was neither legally nor morally responsible for the deed. He was acquitted, and then Gray was put under arrest and tried for the murder. He was found guilty of murder in the first degree, notwithstanding the fact that he was not present when the crime was committed, the evidence for the State only going to show that he caused McDonald to commit the murder through hypnotic influence. An appeal was taken to the Supreme Court, and, in an opinion rendered, the ruling of the lower court was sustained. "If the above," says the *New York Medical Record*, in discussing the case, "represents the truth about the case, we should feel that the decision was entirely premature and unwarranted by our present knowledge of hypnotism. There are

several problems which would have to be solved before an intelligent Court could render the decision which it did. First, it would have to define hypnotism and its degrees; next, it would have to furnish some indisputable evidence that a particular individual was hypnotised; and finally, it would have to show that a person otherwise not criminally disposed could be made to do a murderous act while in this hypnotic state. To us it seems practically impossible that a Court of laymen could solve these problems, and as a matter of fact we believe that the element of hypnotism played a very small part in the determination of the judicial opinion. It was rather a case of very undue influence exercised by a person of strong character upon one who was intellectually and morally weak."—*Medical Reprints*.

ICHTHYOL.

THE use of ichthyol in burns is the subject of an article by Dr. Leistikow, of Hamburg, an abstract of which appears in the *Revue Internationale de Médecine et de Chirurgie Pratiques*. The author's experience with this drug for a period of six years has shown that of the numerous means recommended for the treatment of burns, ichthyol is the best and the most practical. It allays the pain and causes the disappearance of the congestion as well as of the cedema of the skin, not only in burns of the first degree, but also in those of the second degree, provided that all the blisters have been previously opened. In the latter case the regeneration of the epidermis begins very soon under the influence of the ichthyol; at the same time desquamation is produced, or any eschars which may exist fall off. For burns of the first degree Dr. Leistikow employs the following mixture: Zinc oxide, 75 grains; magnesium carbonate, 150 grains; ichthyol, from 15 to 80 grains. For burns of the second degree he uses the following paste: Zinc oxide, 75 grains; prepared chalk, powdered starch, linseed oil, and lime-water, each, 150 grains; ichthyol, from 15 to 45 grains. The applications of powder and paste are renewed every twenty-four hours. In cases where the inflammatory symptoms are very intense, the powder and the paste may be combined as follows with good results: The burned parts are covered with the powder, over which a layer of the paste is applied.—*Medical Reprints*.

ANTIPYRIN IN COLLAPSE.

IN the *Indian Homœopathic Review* (November, 1895), we read the following note by Dr. Bhaduri:—

“Some time ago, I saw Dr. Salzer save a cholera patient from imminent death by antipyrine. Since then, when carbo. v.

fails to bring back the pulse of a collapsed cholera case, the symptoms not corresponding to any other known medicine, I generally give the medicine in its 6th decimal potency, and I must acknowledge that I have saved many a patient from death by its timely use. In the case of a girl I gave it with success. She had also that difficulty of breathing, of which I wrote in a former issue. The difficulty of breathing also disappeared. Remembering that it also produces coagulation of blood in the heart, it is very desirable that every homœopath should try it in such cases. The principal symptoms in which I have found it useful are 1st, continual cold and clammy sweat; with it sinking of the pulse, with long sighing breathing at intervals, the intervals gradually decreasing; burning sensation all over the body, and some restlessness. 2ndly, I have recently applied it in cases of collapse during the defervescence of fever, specially malarious with very high temperature, with marked success. 3rdly, I gave it in a case of consumption with fever, when the patient had lost all her vitality and was reduced to a mere skeleton; I gave her first bryonia then arsenic and then antimony. She was relieved of all her troubles, she was really far better, as she herself told me and all her relatives, but as her fever began to decrease, collapse set in, it seemed to me that it was the energy of fever which kept her alive, and when the fever disappeared, she could not be propped up; I gave her carbo, which brought back the pulse for a time, but could not keep it up. Then I gave antipyrine 6th, the effect was miraculous, and brought back the pulse and kept it up for a long time; had she been a little stronger, I believe she would have been saved by antipyrine. This application of antipyrine is thoroughly homœopathic."

POISONING BY PLAYING THE FLUTE.

At the meeting of the Massachusetts Homœopathic Medical Society, there was contributed a paper by Dr. J. Heber Smith, of Boston, of a character to enlighten thousands of people who are performers on the flute. The paper was entitled "Poisoning by Playing the Flute," and was the result of much and varied research and of practical experience. It dealt more particularly with a case of poisoning by a cocus-wood flute, treated by Dr. Smith, and it is especially interesting from the fact that the gentleman afflicted is a well-known amateur flute player of Boston.

In speaking of this case Dr. Smith says:—

"The cocus-wood, or Grenadille, of Cuba and South America has for many years been employed for the manufacture of flutes. Of all known woods, it is no doubt the

most suitable for flutes, and it is now almost exclusively used. It gives a splendidly brilliant and powerful tone, and as the wood appears to be somewhat mollified by age and use, its tones become more mellow and flexible. It is an extremely hard and resinous wood, and being therefore peculiarly non-absorbent, it retains its form under the influence of heat and moisture better than any other that has ever been tried. But the variety obtained from Jamaica is denser and more liable to splitting.

“There is most trustworthy testimony from Germany, England and America to the fact that cocus-wood, and no other material, is found by certain susceptible flutists capable of producing serious irritation of the lip, necessitating the use of a crescent-shaped silver or gold lip-plate, shellacked to the mouth-hole of embouchure.

“I am informed that, among others, Mr. George Beyra, a much appreciated flutist here in Boston, was thus poisoned, and suffered more or less inconvenience from it for three years. He is now compelled, I am told, to use a silver lip-plate. Mr. William R. Gibbs, the well-known player and teacher, cites an instance of one of his own pupils, a woman, who suffered from cocus-wood poisoning.

“February 20, 1894, an interesting instance of poisoning by this wood came under my care in the case of Mr. William Homes of this city, a devoted flute amateur. He had been suffering for many weeks with an obstinate swelling and redness of the lip, on which were many patches of inflamed skin covered with watery vesicles. These were easily broken, but their rupture gave no relief of the soreness.

“Suspecting the cause, Mr. H. had used oiled silk, gold-beater's skin and several other coverings for the mouthpiece of his flute, yet the irritation had continued. To my suggestion that he had better sell the offending flute, a costly imported favourite, he replied, ‘Not for a thousand dollars. It is the greatest pet I have, next to my wife.’ Besides, he had been assured by his teacher that the wood might lose much of its virulence after it had aged. Believing the inflammation to be purely local irritation from the cause suggested, on account of its persistent reappearance, I prescribed the topical use of a wash of the nitrate of lead, in water, 1-2000 solution. After about a week of its use he was entirely relieved. All the while he practised three hours daily, but kept oiled silk upon the head-joint of his flute, as a precaution against further poisoning. March 4th, as an experiment, he removed the oiled silk, and practised one hour with his lip in contact with the subtle cocus-wood. The following evening his lip was swollen, extremely red, and three large blotches appeared,

covered with vesicles. Immediate relief followed the application of the nitrate of lead wash, and in two days the lip was well.

"Dec. 15, 1894, Mr. H. reports as follows: 'I have been experimenting again to establish the fact of flute poisoning. I have been entirely free from inflammation of the lip since last spring. But last Wednesday evening I removed the oiled silk and practised with lip in contact with the flute. Result: A beautiful swelling, which I am now endeavouring to reduce with the wash.' It is of interest to note that he had suffered a precisely similar experience, from a like experiment the previous April.

"Early in the present month, October, 1895, Mr. H. reports entire exemption from his trouble, since experiment of last December. There can be no reasonable doubt that this freedom from lip irritation has been due to the fact that he has been using a permanent silver mouth-plate, shellacked to the embouchure of this mordacious pet.

"It should be placed on record, herein, that Mr. Homes is of robust appearance, rather sanguine temperament, forty-six years of age, and that he has enjoyed good health from early youth. It should be noted, however, as possibly accounting in some degree for his extreme and unusual susceptibility to the emanations of the cocus-wood, that once he suffered from eczema for three years, beginning at the age of nineteen. The affection was confined to the fingers of the left hand. It occasioned the loss of the nails of several of the fingers. He was at length cured by a six-months' course of Fowler's solution of arsenic.

"In closing, permit me to call attention to the ethereal tenuity of the emanations from this polished and durable wood, how subtle, and yet as individual as the stroke of a scorpion. Again, is not this an entirely patent example of the value of certain drug provings, even though the symptoms be obtained by but one prover in a score, with all the rest exempt? To what shall we compare the human organism, for refinement of adjustment? As in music, it would appear of these bodies of ours that the smallest curves of external accessory vibrations are superposed on the larger ones, and every influence, though apparently simple, is in effect a system and an assemblage of an infinity of partial impulses that compose a total in which no confusion is remarked. The principle of life can select, does select, the pulse of these undulations with which it is able to vibrate in unison and from which, constructing as it were a free aerial reed, it raises them to the dignity of harmonies immortal though often unheard."—*Hahnemannian Monthly*.

THE DATE OF THE INTERNATIONAL CONGRESS.

As we go to press we learn, with regret, that an alteration in the date of the Congress has been found necessary, owing, we believe, to the fact that our American *confrères* will be unable to be present at the date originally fixed. As the Committee of Management wish the Congress to be International in more than name, and hope to welcome a very large number of our Trans-Atlantic cousins, they have decided to change the date to one more convenient.

We are officially informed by the Permanent Secretary of the International Congress that the week from August the third to the eighth has been decided upon. We conclude that the duties of the Congress will be distributed in accordance with the notice we have printed on another page.

From the English point of view this date is decidedly less convenient than an earlier one, and the meetings will probably suffer in consequence to some extent. We hope, however, that all will make an effort to reserve this date for the occasion.

MEDICAL ETHICS.

An Address on "Ethics in Relation to the Profession of Medicine," will be delivered on Tuesday, the 17th inst., in connection with the Hahnemann Hospital, Liverpool, at 22, Abercromby Square, by Dr. Pope, President (elect) of the International Homœopathic Congress. The chair will be taken at 8 p.m. Any medical practitioner will be welcome.

ERRATA IN ARTICLE "SIMILARS AND CONTRARIES," *Review*, February, 1896.—P. 119, line 2, for "forms" read "form." P. 119, line 21, for "negative" read "affirmative." P. 119, line 22, for "affirmative" read "negative." P. 119, line 32, for "force" read "forces." P. 121, line 10, for "judging of disease by *these* contraries," read "*their* contraries." P. 121, line 34, for "Bell Homœopathic Hospital" read "Bath Homœopathic Hospital."

CORRIGENDA.—P. 70, line 1, for "œdemia" read "lœdemia." P. 72, line 16, for "part" read "parts." P. 72, line 32, for "vænia" read "tænia." P. 72, note, for "Doctrine" read "dootrine." P. 76, line 32, for "ἐναντία ἐναντίους" read "ἐναντία ἐναντίους." P. 87, line 4 and 7 from bottom, for "phosphorous" read "phosphorus." P. 89, line 10, for "hellebor" read "helleborus." P. 97, line 12 from bottom, and p. 100, line 18, for "puerperal" read "puerperal." P. 107, line 7 from bottom, for "rystagmus" read "nystagmus." P. 124, line 8, for "Dessan" read "Dessau."

CORRESPONDENCE.

ON THE LAW OF SIMILARS AND CONTRARIES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have read Dr. Percy Wilde's communication to your last number with the attention it deserves.

Had I been stating, in my introductory lecture, the "doctrine of homœopathy," giving "an official account of the doctrines of the homœopathic school," his criticism would have been merited. But I think he will see, on looking again at what I said, that I was approaching homœopathy from the stand-point of fact and history; that I was enquiring what it is, not what is the philosophical account to be given of it. I should certainly, if answering the latter question, have recognised that the "rule of art" in which it consists does "represent a law of nature." While describing Hahnemann's invention as a method (not a "formula"—this being only the way of putting the method), I should have examined the suggestions put forth by himself and others as explanatory of the validity of his rule of working. Were I to do so now, the interesting considerations adduced by Dr. Wilde would merit my best attention. But, other tasks constraining me, I must leave the question for the present, contenting myself with thanks for his contribution to the subject, and trusting that I have made clear the bearing of my own language.

Yours very faithfully,

RICHARD HUGHES.

Brighton, Feb. 18th, 1896.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In connection with your statement in the February issue that the British Gynæcological Society "occupy the unique position amongst metropolitan societies of incorporating a test, alien from its prime objects, among its bye laws," I may mention that my application for membership of the newly formed British Orthopædic Society was refused upon my answering the question, "Do you practice Homœopathy?" in the affirmative. The council did not go on to ask my religious and political beliefs, though they might have done so with equal reasoning.

Yours obediently,

GERARD SMITH, M.B.C.S.

87, Gloucester Place,
London, W.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY.**

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance : **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from **Dr. J. D. HAYWARD**, **Dr. C. W. HAYWARD**, **Dr. HAWKES** (Liverpool); **Mr. KNOX SHAW**, **Dr. GALLEY BLACKLEY**, **Dr. BURFORD**, **Mr. G. A. CROSS**, **Mr. GERARD SMITH** (London); **Dr. HUGHES** (Brighton); **Dr. ORD** (Bournemouth); **Dr. PERCY WILDE** (Bath).

BOOKS RECEIVED.

The Homœopathic World. February. London.—*Medical Reprints.*—February. London.—*The Chemist and Druggist.* February. London.—*Indian Homœopathic Review.* October and November, 1895. Calcutta.—*The North American Journal of Homœopathy.* February. New York.—*The Homœopathic Eye, Ear and Throat Journal.* February. New York.—*The New York Medical Times.* February.—*The Medical Times.* February. New York.—*The Medical Century.* January. New York and Chicago.—*The Chironian.* January 1 and 30. New York.—*The New England Medical Gazette.*—January. Boston.—*The Hahnemannian Monthly.* February. Philadelphia.—*The Homœopathic Physician.* February. Philadelphia.—*The Homœopathic Recorder.* January. Philadelphia.—*The Journal of Orificial Surgery.* January. Chicago.—*The Pacific Coast Journal.* February. San Francisco.—*The Southern Journal of Homœopathy.* January. Baltimore.—*The Homœopathic Envoy.* February. Lancaster, Penns.—*The Homœopathic Magazine.* February. Minneapolis.—*The Medical Argus.* January. Minneapolis.—*Revue Homœopathique Française.* January. Paris.—*Revue Homœopathique Belge.* November and December. Brussels.—*Rivista Omiopatica.* November and December. Rome.—*Archiv für Homœopathie.* January. Dresden.—*Populäre Zeitschrift für Homœopathie.* February. Leipzig.—*Homœopathisch Maandblad.* February. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; or to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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PHARMACOLOGY AND MEDICAL EDUCATION.

IN the Spring of 1877, Dr. LAUDER BRUNTON delivered the Goulstonian Lectures at the Royal College of Physicians, taking for his subject, *Pharmacology and Therapeutics*. These lectures were published in 1880. The object their author had in view, we were told, was "to show how the progress of therapeutics is aided by an exact knowledge of the action of drugs obtained by experiments." This exact knowledge was termed Pharmacology. By experiments, Dr. BRUNTON appears to have understood simply such as are made in a physiological laboratory upon dogs and cats, rabbits and frogs. HAHNEMANN's method of studying the action of drugs upon human beings, entered but slightly, if at all, within his range of enquiry. From such experiments he leads us to believe that "order is beginning to appear amongst the crowd of new acquisitions to our knowledge, and isolated facts begin to range themselves under general laws." As a crowning result of Pharmacology, Dr. BRUNTON exclaims, "Slow has been the advance of medicine, because she went astray; now the path she follows is right, swift is her progress and glorious will be her future!"

In 1884, when the subjects of examination were under consideration on the establishment of the "Conjoint-Board" of the Colleges of Physicians and Surgeons, Pharmacology was added to the burden the student had to carry in order to qualify himself to attend a "club-patient," and so enable him to earn four shillings *per annum*!

Then came the establishment of a Pharmacological Section at the British Medical Association's annual meeting in 1884, with an address from Professor FRASER, of Edinburgh, in the following year, when he declared that it was only through the method of research, which, according to his reading of pharmacological history (the experiments of BICHAT and MAGENDIE on cats, dogs, and rabbits) had founded the science that we could "ever hope to utilise thoroughly the means so abundantly placed at our disposal for placing therapeutics in a satisfactory position."

In the same year Pharmacology received what was hoped would prove a strong incentive to further study as well as evidence of its practical utility—Dr. LAUDER BRUNTON's *magnum opus*, entitled *Pharmacology, Therapeutics and Materia Medica*, appeared. So great were the hopes raised by its publication, and such was the anxiety to have these hopes realised, that the whole of the first edition was absorbed in four months; a second appeared, and then a third was shortly required. Ten years have nearly elapsed and this third edition is still on sale. The anticipations that it would prove useful to the general practitioner have not been fulfilled; its only real value has been as a text book for students cramming for an examination in pharmacology. While these efforts to study the actions of drugs by experiments, only upon the lower animals, in order to learn how they may be utilised in the treatment of disease in human beings, have been proceeding, they have, on several occasions, met with a certain amount of disparagement. Dr. WILKS, for example, threw a very wet blanket over them in his address at Birmingham in 1885, when he described them as representing a method "which had seemed to him to have often failed when put into practice, and so to have brought discredit upon the therapeutic art."

The late Dr. BRISTOWE, somewhat earlier, had, in the view of his audience (at the British Medical Association

in 1881), cast discredit upon pharmacological enquiry by saying, "we must admit the truth of the homœopathic view of the relations between medicines and disease before we can admit the special value of investigations conducted only on the healthy body."

Barren and unfruitful as the pharmacological researches of the last twenty years have proved to be from a therapeutic point of view, often as they have "failed when put into practice," pharmacology has continued as a subject both of lectures and examinations until now. In February last, however, at an extraordinary *comitia* of the Royal College of Physicians, pharmacology was deposed from its high estate, and, in spite of the pleadings of Dr. BRUNTON, Dr. HALE WHITE and others was ordered to be dropped from the examination and the synopsis of it omitted from the regulations, but it was permitted to remain as a subject of lectures.

Is then a knowledge of the mode of action of drugs upon the human body of no value, of no importance to those who are to prescribe them for the relief of human suffering every day of their future lives? Verily, no! On the contrary, it is essential to a right use of them, to a safe use of them, to the employment of them so as to derive the fullest degree of efficiency from their prescription.

Why then has the teaching of Pharmacology in our medical schools proved to be so complete a failure? Dr. BRUNTON, when speaking at the College of Physicians, on the resolutions resulting in the withdrawal of Pharmacology from the list of subjects of examination, acknowledged that "they had not been able to overcome the difficulties in the way of dealing with the subject in a practical manner, but he thought that they might some day be successful." The first clause of this sentence is too obviously true! The second is, we have no doubt, correct also, if certain eventualities occur.

Pharmacology, in the limited sense given to it by its latter-day cultivators, can never be of any practical utility whatever. In some comments upon Dr. WILKS's Address at Birmingham, which appeared in this *Review* (vol. xxx., pp. 80—83), the inadequacy of Pharmacology *alone* to furnish aid to the therapist is pointed out by the light of the illustrations supplied by Dr. WILKS.

That Pharmacology may be made practically useful, one of the "difficulties" Dr. BRUNTON must overcome is the extension of its sphere of enquiry, for instead of experiments upon dogs and cats, rabbits and frogs constituting the be all and end all of pharmacological investigation they can never hold more than a secondary position in it. It is by experiments with drugs upon men and women that we can alone learn what their influence upon the organs and functions of human beings really is. Given these, and the symptoms of disordered health produced may, with greater facility, be interpreted by the light of such experiments as those upon which Dr. BRUNTON, Professor FRASER and others now place their sole reliance to provide them with an exact knowledge of the action of drugs. But then, given this exact knowledge, given a series of experiments upon men and women, supplemented by others upon the lower animals, to render them practically useful, another difficulty presents itself to Dr. BRUNTON. How can they be utilised at the bedside? How can they be made clinically serviceable in relieving suffering? STAHL and VON STOERCK made such experiments, were in truth the founders of Pharmacology, but they knew not how to utilise them. They knew that it was by such experiments alone that the actions of drugs could be ascertained, but how to direct these actions so as to cure disease they knew not. Their researches were as futile as those of Dr. BRUNTON have been, and for the same reason. They *could* not span that "wide and deep gulf which has always been fixed between the pharmacologist, labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply those results to the successful treatment of disease,"—and he *will* not. It has been spanned. A hundred years ago, HAHNEMANN demonstrated, in the leading medical journal of Europe at that time, that by applying "the mysteries of the subtle actions of drugs upon the complicated and intricate human organism" by the light of the principle *similia similibus curentur*, the "successful treatment of disease" would, in a vast proportion of cases, be assured. Thousands of practitioners of medicine have since 1796 proved, by countless experiments, that HAHNEMANN was right. Dr. BRUNTON himself admits

that this doctrine is of "partial application," while he, on his part, has been unable to devise or to suggest *any* doctrine by which his pharmacological experiments may be turned to account at the bedside. For him the "wide and deep gulf" still exists—and the absence of any doctrine, by which it may be bridged over, leaves his extensive series of experiments without any clinical value. Hence it is that modern pharmacology is so complete a practical failure that it has at length received acknowledgment to being such at the hands of the Royal College of Physicians, an acknowledgment which has been endorsed by its most learned, accomplished and hopeful advocate, Dr. BRUNTON.

True, he regards its abandonment as "retrograde in character and opposed to the best interests of medicine," but the only reason he could assign for doing so was, that "he thought that they might some day be more successful." A sort of anticipation of "better luck next time," with which the unfortunate gambler hands over his losings!

Yes, they may be more successful some day. But that day will never arrive until the fact is recognised that there is "doctrine in therapeutics," and that the most important and practically useful doctrine in therapeutics, that which alone can turn to account pharmacological experiments, is that expressed in the maxim

SIMILIA SIMILIBUS CURENTUR.

ETHICS IN RELATION TO THE PROFESSION OF MEDICINE.*

By DR. POPE.

President (Elect) of the International Homœopathic Medical
Congress, 1896.

MEDICAL ethics is a subject which has during the last year attracted a considerable amount of attention from the medical press, from medical societies, and from some of those who are regarded as the leaders of professional opinion. It is therefore a matter of interest that we should have clear views of what is properly understood by the term "Medical Ethics." By opening a discussion

* An address delivered at a meeting of medical men in Liverpool, March 17th, 1896.

upon this subject here this evening, I am not without hope that I may, in some small degree, contribute to our obtaining such clear views.

In the course of the address with which he opened the medical session of 1871-2 at St. George's Hospital, Dr. John Clark, the then lecturer on midwifery thereat, said :—

“ We hear much of medical ethics. I make so bold as to tell you they do not differ in their nature, their office, or their tendency from general ethics, from those which hold good between man and man. A gentleman in our profession is a gentleman everywhere. Courtesy in our relations one with another, honesty, unselfishness, self-respect, self-reliance, a desire to do unto others as you would they should do unto you, are, I venture to submit, as good medical ethics as any other ethics and fully as advantageous.” *

The study of ethics, or the science of morals, has for its practical result the ascertainment of the principles which, in all cases, ought to guide men and women in their daily intercourse one with another, principles which are in fact the foundation of human duty, of deontology, or the science of human duty.

From the earliest times, when the practice of medicine and surgery formed the life work of a distinct body of men, the responsibility attaching to them in their intercourse with the sick, with one another and with their pupils was recognised as demanding from them a sedulous culture of the moral principles. The well known oath administered by Hippocrates to his pupils is evidence of this recognition, and well illustrates the lofty sense of the true dignity of his art by which the father of medicine was possessed. As Dr. Clifford Allbutt said on one occasion, “ No one had a keener sense of the duties and awful responsibilities of his profession, no one had a more bitter aversion for those unworthy persons who would taint or degrade it by quackery and self-conceit, than he had.” Hence it was that in administering to his pupils this historic oath he endeavoured to impress upon them that sense of dignity by warning them against the moral pitfalls that might present themselves to them in the course of the practice of their profession, by

* *Lancet*, October 7th, 1871, p. 501.

strengthening them against the temptations to laxity in their dealings with the sick, by urging them to sustain one another in their endeavours to cure disease, and ever to refrain from taking advantage of one another's difficulties in order to profit thereby.

What, then, are the sources from which philosophers have endeavoured to discover what Sir James Mackintosh describes as the "august and sacred landmarks that stand conspicuous along the frontier between right and wrong?"*

In the Greek schools of philosophy they were found in the observation of those courses of conduct which appeared to give rise to the greatest amount of individual happiness. Imperfect as were these in determining the ethical "ought," we must, as members of the profession of medicine, ever remember that Hippocrates was a co-temporary, and doubtless under the influence of the teaching of Plato, one of the greatest geniuses of Greek philosophy, and from him he derived that keen sense of his duty as a physician which he embodied in the oath to which I have referred.

The school men of the middle ages were devoted to speculative theology rather than to the study of moral philosophy; they appear to have rested satisfied with tracing the motives of all human action to self-interest, self-gratification and self-love, their discussions giving rise, to use the words of Sir James Mackintosh, "to a collection of scholastic subtilties, contrived for the support of the corrupted Christianity of that age by a succession of divines, whose extraordinary powers of distinction and reasoning were morbidly enlarged in the long meditation of the cloister, by the exclusion of every other pursuit and the consequent palsy of every other faculty: who were cut off from all the materials upon which the mind can operate, and doomed for ever to toil in defence of what they must never dare to examine; to whom their age and their condition denied the means of acquiring literature, or observing nature, or of studying mankind." With the exception of those of Aquinas, whose influence as a moral philosopher endured for three centuries, these cloister meditations were barren and unfruitful.

* On The Progress of Ethical Philosophy. p. 6.

Looking at the ethical studies of the middle ages as a whole, Sir James Mackintosh writes, "those who measure only by palpable results have very consistently regarded the metaphysical and theological controversies of the schools as a mere waste of intellectual power."

Thus both the Greeks and their successors in the middle ages, erected their philosophy upon imperfect foundations, and, doing so, their disputations had but a limited degree of influence upon morals. Not indeed until the early years of the eighteenth century, when Bishop Butler directed attention to that revelation of His will, which God has given to His creature man in the New Testament, as providing not only the foundation of the Christian religion, but also as furnishing the touchstone of the practical lessons derived from the studies of the ethical philosopher, was the true source of ethics clearly shown. "Revelation is," as the late Dr. Alfred Meadows once said, "in truth, the scientific authority for the moral law, just as the recorded observations of facts in nature form the scientific authority for natural laws."

Throughout those remarkable sermons, delivered at the Rolls Chapel in 1726, in which Butler unfolded his ethical philosophy, he tries each doctrine he propounded by the light of Holy Scripture. His doctrine of the natural supremacy of conscience, for example, he confirms by the statement, made through St. Paul, "For when the Gentiles, which have not the law, do by nature the things contained in the law, these, having not the law, are a law unto themselves." Having pointed out in what senses the words "by nature" may be explained, Bishop Butler shows that "they are here used by way of distinction from revelation;" and proceeds to argue that it is by this faculty, natural to man, that he is a moral agent, that he is a law to himself. "Nothing," he presently adds, "can be more evident than that, exclusive of revelation, man cannot be considered as a creature left by his Maker to act at random, and live at large up to the extent of his natural power, as passion, humour, wilfulness, happen to carry him, which is the condition brute creatures are in; but that from his make, constitution or nature, he is in the strictest and most proper sense, a law to himself. He hath the rule of right within, what is wanting is only that he honestly

attend to it.”* Conscience then—a power to distinguish right from wrong—is originally implanted in man; but, as Whewell remarks, “a man’s conscience may be erroneous. It may be culpably in error, for he may not take due pains to enlighten and instruct it” . . . “Yet is it to each man the representative of the supreme law. It is the voice which pronounces for him the distinction of right and wrong; and, when he has done all he can to enlighten and instruct it by the aid of religion, as well as of morality it is for him the voice of God.” †

It is then, in the sense of an educated or an instructed conscience, that this faculty can be truly said to be of supreme authority. It is the instructed conscience which can alone be described as “tender.” It is to a conscience of this type that Dr. Hawkes referred, in the admirable address he delivered at Northampton in 1893, when he expressed the desire that “every professional act of ours might have the endorsement of a tender conscience, which partisanship on the one hand and self-sufficiency on the other ought never to be allowed to deaden.”

Where then can we find an ideal standard of ethics, by instruction in which our conscience may be rendered tender? Save and except in that rule of life made known to us in the New Testament, there is none; and this is so full, so complete, so perfectly applicable to every position in which we may find ourselves, whether as members of the entire community of mankind or of that special community, the profession of medicine, that we need no other.

The key-note of Christian ethics is to be found in the command of Our Saviour. “As ye *would* that men should do to you, do ye to them likewise.” Mr. Ernest Hart, when addressing the Pan-American Medical Congress held in Washington in 1893, argued that that charge was to us insufficient; that as medical men were not creatures of perfect and abstract morality any more than any other men, it required to be supplemented by definite rules. There is much to be said in favour of this contention, but it must be remembered that such definite rules must be consistent, or at least not incon-

* Works of Bishop Butler, Vol. 1, p. 42, Oxford Clarendon Press, 1826.

† Whewell’s Elements of Morality, Chap. xiv.

sistent, with the standard of Christian ethics. This I propose to illustrate presently.

The profession of medicine is one of honour and dignity. Its claim to be so regarded is derived from the self-sacrificing devotion which its members have ever shown to the public weal. Sacrifice of comfort, of time, of much needed rest, of health, aye, and if needs be, of life itself are ever and anon readily and cheerfully made for the benefit of his neighbour by every member of the profession who realizes the grandeur, the dignity, the purely unselfish character of the mission with which that profession invests him.

It is our duty to maintain the honour and dignity of our profession, to hand them down to our successors unblemished by any act of ours, but rather enhanced by a realisation, in an ever increasing degree, of our responsibilities, of our duty to those who seek our aid and counsel, of our duty to one another, and of our obligations to our fellow citizens—the general public. In proportion as our conduct is in all things regulated by Christian ethics, shall we more completely maintain the honour and dignity of our noble calling.

In proceeding to dwell upon some of the obligations which Christian ethics impose upon us, I will, in the first place, consider Mr. Ernest Hart's contention, that owing to the imperfections of human nature the golden rule of doing unto others as we would that they should do unto us, is inadequate to guide medical men in the performance of their professional duties, and requires to be supplemented by definite rules. This addition is conceived to be made by a code endorsed by colleges and medical societies. But in order that such rules may be obligatory upon us they must commend themselves to our consciences; in other words they must be consistent with Christian ethics, or, if desirable on other than ethical grounds, they must not be inconsistent with them.

To illustrate my meaning I will adduce two of these definite so-called rules.

It is contrary to the rules of all well constituted medical societies that a member of either should advertise himself in the newspapers. In enforcing such a rule, colleges and societies are insisting upon nothing that is inconsistent with an ideal standard of Christian ethics: though at the same time, announcements of the nature

of advertisements may be so worded as to be as consistent with true ethics as the putting of a brass-plate on one's door. Nevertheless the rule not to advertise is a wholesome and necessary one. One reason alone would be sufficient justification for it. The mere announcement of a name and address in a newspaper would not slake the thirst for publicity which prompted it. Those who are in search of a doctor require to know something more about him—or at any rate to be able to think that they do—than his name and place of residence. Consequently the medical advertiser—*facilis descensus Averni*—would in no long time resort to a form of announcement such as Dr. G. W. Potter, at the last meeting of the British Medical Association, described in his definition of professional advertising as “the public or private praising of a man in his professional capacity, by himself or his agents, for fame or gain.” For this reason alone, were there no other, it is wise on the part of our colleges and societies to prohibit their members from even the most simple form of advertising, and so to protect them from the temptation to presently announce themselves in so degrading a fashion as that described by Dr. Potter.

This rule is therefore not only not inconsistent with an ideal standard of ethics but one which is ever entitled to our respect.

On the other hand there may be definite rules thrust upon us which are not consistent with true ethics, and being so are not binding on the conscience.

The rule which especially illustrates this inconsistency with Christian ethics is thus stated in *Dr. Styrap's Code of Medical Ethics*:—“No one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based upon an exclusive dogma such as homœopathy; indeed, for a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation is a dishonest and degrading act; dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy; and degrading inasmuch as he has neither the manly professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of some wealthy or, may be, titled patient.”

This rule is absolutely inconsistent with Christian

ethics; not only is it so in itself but equally so is it in the terms in which it is stated by its author; for Dr. Styrap attempts to justify it by a statement that is false. No one, whom Dr. Styrap would regard as a "regular" practitioner, *knows* that homœopathy is a "dangerous fallacy." Very few indeed know anything at all about it, probably not one per cent. of those in general practice do so. Evidence of this ignorance is seen in the weekly medical journals whenever they are tempted to notice homœopathy. In the *odium medicum* correspondence in the *Times* the professional opponents of homœopathy most fully demonstrated their ignorance of it. Similar ignorance is seen whenever a non-homœopathic practitioner talks upon the subject. I do not doubt that Dr. Styrap and others like him *think* that homœopathy is a dangerous fallacy, but they do not *know* that it is, they have never made any attempt to ascertain whether it is so—their thinking is not according to knowledge. For any one to express a positive opinion on a subject of which he has no knowledge, or on one which, being purely practical, as homœopathy is, of which he has no experience, is contrary to Christian ethics, inasmuch as to do so is to impose upon and literally to deceive his neighbour.

The other point of Dr. Styrap's attempted justification is equally obnoxious to Christian ethics, inasmuch as it imputes the basest and most sordid motives to a professional man engaged in fulfilling what he conceives to be the call of duty—the duty of availing himself of every opportunity of relieving suffering and physical distress.

"I wouldn't," said a non-homœopathic practitioner on one occasion to the late Sir William Fergusson, "I wouldn't pass a catheter for the patient of a homœopath." "That," replied Sir William, "says a great deal for your orthodoxy, but very little for your humanity." As illustrating the same point, I remember travelling once with the late Mr. John Adams, Senr., of the London Hospital. We were talking of a surgeon who practised in the neighbourhood where Mr. Adams was residing at the time. He told me that he had recently seen a patient with him, a case of severe retention from a well nigh impermeable stricture. When the patient's friend called to ask Mr. Adams to see him, he added, "I perhaps ought to tell you that the gentleman

in attendance is a homœopath." "I told him," said Mr. Adams to me, "that I couldn't help that. That if the man was in suffering and the surgeon attending him couldn't relieve him, and wanted me to help him, I was bound to go." That was the reply of a gentleman whose conduct was in strict accord with Christian ethics, of a surgeon faithful to the highest and best instincts of his profession. "The day of orthodoxies is over, the day of real science is only just dawning," said Professor Gairdner at the opening of the medical session of the University of Glasgow, 1866-67; and again he added, "no one has a title to say I insist that you believe so and so or I will disown you as a professional brother. . . . There is no opinion so modern or so eccentric that he must perforce reject it." That is sound science and common sense; but it had no influence upon the unethical procedures of non-homœopathic authorities.

So lately, indeed, as fifteen years ago Dr. Wilks, of Guy's Hospital, introduced and carried, at the College of Physicians, a resolution which was apparently intended to be regarded by the Fellows, Members and Licentiates as a rule having the same purpose in view as that elaborated by Dr. Styrap. Dr. Wilks did not object to homœopathy on the ground of doctrine, for, he said, he "utterly repudiated any medical doctrine in therapeutics; none" he added "was possible now nor probably ever would be." After this *quasi ex cathedrâ* assertion, he declared the real question to be one of morals! urging in its support that homœopathy was a mere system of treatment. As though treatment—that for which all who consult him do so to obtain—were immoral! "Therapeutics," which is treatment, said the late Sir Thomas Watson is the "supreme end of our profession." This immorality of homœopathy was exemplified further he said in that "the homœopath abused every body else, and brought forward wonderful cases which no one else could cure." In the bitter struggle which has been going on now for a century, between homœopath and non-homœopath, many hard words have been used by both parties to the controversy. But so far as I have been able to observe during the last forty-five years the "abuse" has been well nigh all on the side of Dr. Wilks' section of the profession. I have seen two catalogues of terms of coarse invective used by controversialists. One,

a long series of years ago appeared, if I remember rightly, in *The Homœopathic Times*, and consisted of epithets applied to homœopathists by the Editors of the *Lancet*, *Medical Times and Gazette*, *The Provincial Medical and Surgical Journal* and *The Dublin Medical Press*. The other was during last summer, and was made up of similar terms of abuse applied by the Nationalist press of Ireland to Mr. Arthur Balfour. And to the best of my recollection the editors of the medical journals of 50 years ago were but little inferior in the coarseness and brutality of their invective to the Irishmen of the last few years!

That homœopaths have criticised the therapeutics current at different periods during the last century with severity is true, and this criticism is, at the present day, generally recognised as having been correct. And further it has not been one iota more severe than the criticisms on the measures used in the drug treatment of the sick which have proceeded from Dr. Wilks, the late Sir Andrew Clark, the late Dr. Matthews Duncan, and other physicians who have attained distinction in the ranks of the profession of medicine.

It is further alleged by Dr. Wilks, as an illustration of the immorality of homœopathy, that those who practise homœopathically bring forward wonderful cases which no one else can cure. Such cases are but so many illustrations of the truth of the doctrine which led to the selection of the remedies used, so many indications of how such remedies may be best employed, published in order that other medical men may be enabled to cure similar "wonderful cases." Homœopathy has indeed been proclaimed, as it were, upon the housetops by those who have learned from experience what an unexpected source of strength it has proved to be to them in their endeavours to stem the current of disease. They are above all things anxious that their professional brethren who are ignorant of its value and therefore prejudiced against testing it, should test it. They feel, to use the words of Sydenham, that "they ought not to be satisfied with simply giving health to the sick, but they should strive to add greater certainty to the art that they administer and they should so direct their experiments that the science of medicine may grow day by day more

clear and more efficient." ("Sydenham's Works," vol. 1, p. 26, Sydenham Society edition.

A further evidence of the immorality of homœopathy was seen in the fact that physicians who openly expressed their belief in it were known as "homœopathists," or, as he put it, "assumed a distinctive appellation." There is no assumption. Physicians who practise homœopathically are known as homœopathists, just as those who fifty or sixty years ago followed the method of Broussais were known as Broussaisists. They did not assume the name; neither do we. We accept the fact implied in the name, and we do so, as the late Dr. Wilson Fox at the meeting in question casually observed that we might do—viz. "to testify to the truth." It is for this purpose that we, being precluded from illustrating or disseminating a knowledge of homœopathy through the established *media* of the profession, have instituted homœopathic hospitals, conducted homœopathic journals, and have published homœopathic tracts, pamphlets and books explanatory of what homœopathy is, the success which has followed it, and the method of practising it. In doing so we have but shown our obedience to Christian ethics; regarding them as being far more binding upon the conscience than the arbitrary rules of colleges or societies. "Blame, even hot, fierce and unjust blame," said the late Bishop of Winchester in one of his most recently published sermons, blame "for trying to do our duty when that duty happens to be unpopular, is the praise that really stimulates the manly soul, and there is no poison there" (*The Quiver*, January 1895).

Dr. Wilks takes up a position of inexcusable intolerance, and he forms but one more illustration of the well known fact that "intolerance is always associated with ignorance;" in his case ignorance, not indeed of pathology, but of homœopathy.

The definite rule, as propounded by Dr. Styrap and endorsed by the resolution of the College of Physicians is, I contend, entirely opposed to the letter and spirit of Christian ethics, and being so has no claim upon the allegiance of the members of the profession; and further, being in the Christian sense unethical, it has no power of vitality in it. It has been my experience for some years past that it meets with no general recognition. For long enough now I have experienced no unreadiness

on the part of a medical neighbour to render me professional help whenever I may have asked for it. Further, the Lancashire and Cheshire branch of the British Medical Association, meeting in Liverpool in 1881, to re-endorse previous resolutions of the Association condemning homœopathy, and ostracising those members of the profession who practise homœopathically, proposed a resolution to this effect, which was met by an amendment, proposed by Dr. H. Lowndes and Mr. Hakes, to the effect that every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy. After a lengthy discussion 23 voted for the amendment and 26 against it. The amendment being lost by so small a majority, the previous question was then moved and carried *nem. con.*, and a second resolution declaring it to be inconsistent with professional honour and honesty for practitioners of medicine or surgery to meet homœopathists in consultation was withdrawn.

Since then, in the *Lancet* of 1890, Dr. Frederick Simms, a physician practising in London, had urged upon his medical brethren the propriety of abandoning the position these artificial rules enforced. He had been obedient to the mandates of his college and society, and all he had to show as the result, he plaintively describes in these words: "In common with many others, I can record a broken friendship and losses of relations and others of my *clientèle*." A man who has not the courage of his opinions, who refuses to obey the call of professional duty at the dictation of an intolerant board of censors very properly suffers for his moral weakness. A rule so utterly inconsistent with the precepts of Christianity, which directs us to "bear one another's burdens," a rule which is so completely indefensible must die out. And as knowledge increases, and a higher sense of professional obligation pervades the minds of individual members of the profession, it will be expunged from all so-called codes of ethics by whomsoever promulgated.

Consultations are too useful, too instructive to the junior, too well calculated to console and support anxious relatives and to relieve the sick, to admit of restrictions being placed upon their being held. On the contrary,

every sort of encouragement should be given to them. "Consultations," says Dr. Percival, "should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice." Again he writes: "In consultations, as the good of the patient is the sole object in view, and is often dependent upon personal confidence, the aid of any intelligent practitioner ought to be received with candour and politeness, and his advice adopted if agreeable to sound judgment and truth." In the same liberal spirit, and with the same single-minded regard for the welfare of the patient and the comfort of those anxious to promote that welfare, Professor John Gregory, of Edinburgh, writing in 1772 upon the duties of physicians in regard to consultations, says that "many advantages arise from two consulting together, who are men of candour and have mutual confidence in each other's honour." Having spoken of the discredit that the quarrels of physicians bring upon the profession, "nothing in my opinion," he adds, "but this cause can justify any physician from refusing to consult with another when he is required to do so. . . . But such circumstances as the university where the person he is to consult with had his degree, or, indeed, whether he had a degree from any university or not, cannot justify his refusal. It is a physician's duty to do everything in his power that is not criminal to save the life of his patient, and to search for remedies from every source and from every hand, however mean and contemptible. This, it may be said," he continues, "is sacrificing the dignity and interests of the faculty. But I am not here speaking of the private policy of a corporation or the little arts of a craft; I am treating of the duties of a liberal profession, whose object is the life and health of the human species, a profession to be exercised by gentlemen of honour and ingenuous manners, the dignity of which can never be supported by means that are inconsistent with its ultimate object, and that only tend to increase the pride and fill the pockets of a few individuals."

How generous is the breadth of view, how refreshing is the single-minded purpose reflected in the ethical teaching of the professor of medicine in the University of Edinburgh, now a century ago, when compared with the narrowness and arrogance of some of the leaders of

the profession in these last years of the nineteenth century!

It is in prohibiting medical men from consulting with whomsoever they see fit—in setting a limitation upon their sphere of professional usefulness—that this “definite” rule does violence to Christian ethics, and that the corporate bodies who endeavour to enforce it violate the ethical duty, which enjoins, that “as we have opportunity” we should “do good unto all men.” The circumstances under which consultations are sought, or professional assistance is requested, are so various that some instances are quite conceivable where they would so certainly prove useless, that a consultant might be quite ethically justified in declining to take part in the consultation. This, however, is a point which can only be decided by the parties to it, not by the college or society to which either belongs.

What, I will now endeavour briefly to point out, are the obligations which Christian ethics impose upon us in relation to our patients.

A person seeking medical advice comes to us practically asking us to do unto him as, were he the physician and we the patient, we should wish him to do to us. We are therefore called upon to give him our fullest professional attention and such advice as our knowledge and experience have proved to us is that best adapted to afford him relief.

Again, on the same ground, we are bound to regard with perfect secrecy any information a patient may impart to us to enable us to advise him aright. Oftentimes is the medical practitioner entrusted for this purpose with the knowledge of matters involving the dearest and closest interests of those who consult him; and it is incumbent upon him to allow nothing to escape him, at any time or under any circumstances, which might suggest that he was unworthy of so high a trust.

In performing this very obvious duty we are occasionally liable to come into collision with the courts of law. We have, I believe, no actual legal protection from the disclosure in court of any information conveyed to us under the seal of professional secrecy. A leading article in *The British Medical Journal* for December 24th, 1881, discusses our legal position in this very serious matter both fully and clearly; and, from it, I conclude

that a judge's right to demand such evidence is entirely within his own discretion, and, being so, is determined by previous decisions on the point. In the following number of the *Journal* is a letter from Inspector-General Dr. Donnett, R.N., protesting against a medical man being bound by the law to give information which has come to him confidentially; "information obtained by him," writes Dr. Donnett, "whilst exercising his profession, from his patient, who (broken by disease, depressed in mind, and anxious to give every information with the view of aiding in the more ready solution of the difficulties which surround his case) divulges secrets which, in health, would have remained locked within his breast; but which, publicly proclaimed, will affect his honour and bring contumely upon his name. The sick are confided to the care of a medical man," he continues, "as pledges to be guarded, assisted and restored to health; whatever confidences are revealed during their illness should simply serve the object for which they were intended at the time, and, having served that object, then be allowed to die at the bedside of the patient. A sanctity and a reverence should prevail within the precincts of a sick room, and the weary should be encouraged to throw off the burden of their griefs and confide them—for their good—to the sacred trust of their medical adviser. But the law, by forcing the seal of secrecy, is antagonistic to those sacred duties; by its obligation it detracts from the dignity of the profession, and by its exactions saddles it with a seeming treachery." Dr. Donnett illustrates the principle that ought to prevail by quoting the answer, given by Dupuytren, who, when treating the wounded after the June riots of 1832 in the Hôtel Dieu, was asked by the officers of the law whether there were any insurgents among the wounded, said, "I know of no insurgents; I know only of wounded men."

Another obligation which ethics impose upon us is truthfulness in our dealing with the sick. "Speak every man truth with his neighbour," is the command of Christian ethics. Everything that is communicated by a physician to his patient must be to the best of his knowledge and belief and should be capable of being sustained by reasonable grounds for entertaining such belief. The condition of a patient, *e.g.*, ought on no account to be over-stated.

While compelled to be cautious in expressing an opinion as to the nature of an ailment, however doubtful the ultimate prospect of recovery may be, without the holding out of a *modicum* of hope, all measures for relieving suffering will probably be in vain.

Where again, we may have good reasons to fear a fatal issue, what is our duty? To the friends of such a patient we are, I conceive, bound to state our convictions freely and fully, remembering the while that, as Dr. Goodhart said the other day,* “Over and over again a patient has been given up by his medical attendant only to return to healthy life, and not uncommonly to make a lifelong laughing-stock of those who have condemned him”; while to the patient who appeals to us to tell him the exact truth, recognising the limitations of our knowledge, and that we are only able to speak of probabilities, which vary from moral certainties to probable contingencies, our view of what is true of his state should be so far diluted as to have its worst features kept in the background, and those which are at all promising made the most of. This practice is, as Dr. Goodhart says, “not only the most humane, but the best thing to do in the interests of the prolongation of the life at stake.” Yes, and personally, I believe it is the most truthful. Further, as Dr. Percival says: “A physician should not be forward to make gloomy prognostications, because they savour of empiricism by magnifying the importance of his services in the treatment or cure of the disease.” Another fact, pointed out by the same author, is one that should be always borne in mind by medical men in expressing a prognosis—“the physician should be the minister of hope and comfort to the sick.”

While we must “not do evil that good may come,” on the other hand we must not be dogmatic or arrogantly positive in communicating to a patient our opinion of the future course of his disease.

While our first duty in the practice of our profession is to our patients, that which we owe to our professional brethren is no less obligatory, neither is it in any way antagonistic to it. Mr. Bryant, the distinguished surgeon at Guy’s Hospital, never uttered a truer sentence than when addressing the students of the

* *Lancet*, November, 1895.

Hospital, and urging them when in practice to fulfil their obligations to their professional brethren, he told them, that "the surest way of guarding their own professional honour was to guard the professional honour of others." It is so. Hence anything said or hinted at to the disparagement of a professional neighbour—a competitor it may be for the confidence of the public—any underhand attempt to supplant him in that which he may have obtained, or attempt to take advantage of any mishap that may have occurred to him, or mistake that he may have made in the exercise of his profession, would be to do to him what we should most earnestly desire him *not* to do to us. Conduct of this kind, pursued under any pretence whatever, finds no justification in Christian ethics. Called in on an emergency to see the patient of another practitioner in his absence from illness or whatever cause, it is on the same ground our duty to see that patient, to do the best we can for him at the moment, to take the earliest opportunity of communicating to his usual medical attendant what has been done, and on no account to take advantage of the opportunity we have had to continue our attendance. Neither should we descend to make comments upon the course of cases under the care of other medical men; when asked, as we sometimes are, to express an opinion regarding the treatment of a case already under medical surveillance, it is always our duty to decline to do so, rather than by any remarks or inuendoes which we may make to weaken the confidence the patient has reposed in the practitioner he has consulted.

The coarse and persistent abuse which has, especially in past years, been directed against medical men openly selecting the medicines they are in the habit of prescribing, upon a homœopathic basis, gendering, as this necessarily has done, in the minds of the victims of this form of persecution a feeling of resentment towards those who have indulged in it, finds no justification for taking the revenge which some casual slip or misfortune would provide the opportunity for. To have the fate of a man who has done you a serious injury in the hollow of your hand is doubtless a sore temptation to any one who does not endeavour to mould his conduct upon Christian ethics; while, on the other hand, a medical man who had a true conception of his duty

would scorn to yield to it. The finest illustration of the performance of this duty—Christian duty, and therefore professional duty—I remember to have heard of was related by Mr. Cameron of the late Dr. Quin, the founder of the British Homœopathic Society. Speaking at the Jubilee Dinner of the Society in memory of its founder, Mr. Cameron said:

“A physician of large practice and reputation in the fashionable circles of London society was notorious, even above his colleagues, for the virulence of his attacks on homœopathy, and for his personal antipathy for Dr. Quin, whom he never lost an opportunity of abusing, especially when he found himself among Quin’s patients or friends. One day Dr. Quin called to see a patient in a family who were all staunch homœopaths and very intimate friends of his, and with whom a young lady, a near relative, a patient of this physician, was at the time on a visit. When he entered, the lady of the house exclaimed ‘Oh Dr. Quin, if you had come in sooner you would have found Dr. So-and-So,’ meaning this physician, ‘here, and we should have been compelled to send for the police to keep the peace, for he was so violent in his language toward you that So-and-So,’ meaning her son, ‘had to put him down.’ ‘Oh,’ said Quin, ‘never mind him, poor fellow; it pleases him, and cannot hurt me.’ The young lady for whom the physician prescribed asked Dr. Quin to look at the prescription. In doing so, he was terribly shocked to find that pure sulphuric acid was ordered in fatal doses. At that moment his most bitter enemy was completely in his power, and had he given the most distant hint of the danger the girl had run this physician would have been ruined in a month, for, as you know, in the rank of society among which his practice lay, every member of it knew every other, and the news of the mistake would have run like a wildfire through it. But Quin was incapable of such ignoble revenge, and his only thought was, how best to rescue his enemy from his terrible disaster. By a great effort he concealed every expression of emotion in his face, and said to the lady very quietly, “This is a very good prescription, speaking allopathically, but it consists chiefly of sulphuric acid, and will likely do you good. I am driving past your chemist’s shop and will take it there, and save you the trouble of sending.” I need not say he did not go to the chemist’s shop, but drove straight to the physician’s house, sent in his card, and was soon admitted. He found him standing in the middle of the room drawn up to his full height (and he was very tall) with his face to a most frowning expression of offended virtue.

Addressing Dr. Quin, he said, 'To what am I indebted, sir, for the honour of this visit?' laying sarcastic emphasis on the word 'honour.' 'To this, sir,' said Quin, presenting the prescription. In a moment, on looking at his prescription, the expression of his face became one of terror and despair, and he gasped out, in a choked voice, 'How did you get this?' Quin, greatly distressed at the sight of his agony, and eager to relieve it, said, 'Oh! don't be alarmed, no one knows of this mistake but you and I, and I shall never open my mouth about it.' He then told him all that had happened, just as I have told it to you. When he had finished, the physician seized Quin's hand in both of his, and sobbed out, 'You are most generous, I did not deserve this at your hands, you have heaped coals of fire on my head,' and dropped into a chair where he wept like a child. When he calmed, they got into amicable conversation, he wrote out a fresh prescription, and as Quin took it and was going away, this poor man said, 'Never shall a word pass my lips about you that is not admiration, and I only wish I could extend the same admiration to your system, but that can never be.' Quin, always ready to cheer a man who was down, and make him laugh, said, 'Oh! don't you be so sure of that, for if you go on reducing your doses at this rate you will soon become such a high dilutionist, that a steady old Hahnemannian like me will have to disown you.' They parted with a good laugh, and became good friends for ever after. "Although I was," continued Mr. Cameron, "at that time on the most intimate and confidential terms with Dr. Quin, I never heard of this incident till years afterwards; at that latter time a patient of mine was anxious to have this physician's opinion about some symptoms of his case and asked me to meet him. I readily consented to do so, but expressed strong doubts whether he would meet me, on which the patient assured me that I was mistaken, and that he would be delighted to do so. At the consultation nothing could be more genial and friendly than he was. My perplexity to account for all this was very great, and I was dumbfounded when he asked me, 'How is that dear little fellow, Quin.' And before I could answer, added, 'He is as generous in heart as he is brilliant in wit!' As soon as I was released, I rushed to Quin and asked him to explain this puzzle. He tried to evade my question by assuring me that the physician was a very good fellow, and that they two were excellent friends, &c. However, I was not to be put off, and at last, under a solemn promise of absolute secrecy from me, he told me the whole matter, just as I have repeated it to you, because, he said, he thought it was but justice to this physician that I should know it, as he thought it very probable that I

should see much of him in future, which turned out to be the case, for we became intimate friends."

A more strictly accurate performance of Christian duty, a more perfect compliance with Divine command "do good to them that hate you" by any man I do not remember to have heard of, and a more effective mode of converting an avowed and reckless enemy into a friend, it would be impossible to adopt, as indeed the result proved.

It is so in every instance, a strict adherence to the dictates of Christian ethics under all circumstances, however great the temptation to diverge from them, redounds to our own advantage.

To the general public we owe a readily given assistance in all philanthropic movements having for their purpose the preservation of the health of the poor. In the promotion of sanitary improvements, which, it is greatly to the honour of the profession have been chiefly carried out through their instrumentality, every medical man ought to be a zealous and active partisan. There are sordid-minded persons among some sanitary authorities, who would frustrate the operations of every sanitary measure in the carrying out of which they are compelled to accord a medical man a fee for any assistance he may be required to render. One of the chief arguments with which ratepayers are plied by the opponents of vaccination is that the Poor Law Guardians are obliged to pay their medical officer 1s. 6d. for every successful vaccination. Not long ago the aid of the Notification of Contagious Diseases Act was refused by the Town Council of a provincial town because the doctors were obliged to be paid 2s. 6d. for each certificate of notification. One of the members of the Council and an ex-mayor of the borough, said to a medical man in the town "You may notify as much as you've a mind to, it's the 'arf crown as I objec's to." Shortly after this decision, typhoid fever became epidemic there, and as there was no machinery in force to enable the medical officer of health to trace its origin and course, or to detect the localities where sanitary defects were present, this preventable disease lingered for about three months. and then, after the usual mortality, spent itself. Again some of the more intelligent members of this Council

tried to secure the adoption of the Act, but again the "arf-crown" objection was raised and carried the day! Like the Bourbons, people of this type learn nothing! While the benevolent character of our profession calls upon us to render services to all who may require them, regardless of remuneration, where the circumstances of their needing them render pecuniary acknowledgment difficult or impossible, in the case of legal services, demanded by public bodies to which statutory acknowledgments are attached, we should be rendering an injury to one another, without advantage accruing to anyone, by deferring to such mean and sordid attempts to impose upon us, were we to consent to undertake them gratuitously.

In courts of law, we are occasionally called as witnesses to the results of injuries on railways and from other accidents. Here we ought never to be partisans. We have to witness to facts. Christian Ethics call upon us to "speak truth with our neighbour." It is no compliment that is paid to a physician or surgeon when he is known to solicitors who get up cases of this kind, as "a very rising witness," as a man, that is, who is quite willing to take a side—for a consideration! So also in lunacy cases, we too often meet with medical men as partisan witnesses. The witness-box differences of opinion between medical men have entailed grievous discredit upon the profession, far more indeed than their therapeutic differences have done. Dr. Styrap's statement of what our position in these cases ought to be cannot be improved upon, and I will therefore quote it. He writes:—

"With the view to avoid the lamentable differences of opinion which, proclaimed in open court, have undoubtedly brought discredit upon medical evidence in general and scandal on the profession at large, it cannot be too forcibly impressed upon the faculty, that, in all such cases, *bona fide* consultations should be freely held between the professional witnesses of the respective litigants: that differences of opinion should be courteously advanced, and carefully weighed and argued; that each with the other should be frankly ingenuous and unreservedly open—or, in other words, that concealment or mental reservation, in any form, either of facts

or opinion should be scrupulously avoided ; and on the principle that truth and justice are the sole objects sought by the medical witness on either side, all feeling of the advocate or partisan should be thoughtfully eliminated and shunned ; *in fine*, the skilled witness should never allow his personal feelings to overcome his sense of justice.”—(*Code of Medical Ethics*, p. 78).

The only objectors to practice of this kind are lawyers whose sole desire is to win a case, and who for this purpose endeavour to impress a jury in that direction in which it is their interest to bias them. It is for this purpose that they use expert evidence, not to secure truth and justice for the side entitled to it, but a verdict for that side they have undertaken to get up a brief for, and whose version of the evidence adduced they have undertaken to advocate.

In all our dealings with the public it is our duty to be liberal and not to hamper them by the red tape of an impossible etiquette. There are certain unwritten rules of medical etiquette, or professional ceremonial, which so far as they are worthy of our observance, are the outward and visible sign of our desire to do to others as we would that they should do to us.

But in some instances these rules have been urged to an extent which seeks to limit and control the freedom of the public in the interest of individuals. This I maintain that we have no right to do. It was, consequently, with much pleasure that I read Dr. Burney Yeo's vigorous article in the *Nineteenth Century* for December, entitled “Medicine and Society,” protesting against the abuse of some of the professional ceremonial which restricts the freedom of the public ; Dr. Yeo refers to the complaints of some general practitioners that consultants allow their patients to consult them privately and strive to make out that this is a breach of medical etiquette. “Society,” he adds, “claims on the other hand the right to do precisely what it pleases in this matter.” And “setting aside for the moment my professional feelings, and judging of the question at issue simply as a citizen, it is impossible, I think, to doubt that society has this right.” Commenting upon this objection to a consultant seeing privately the patients of a general practitioner, “it is,” he says, “exceedingly difficult

for the common sense man or woman of the world to understand and sympathise with the restrictions which the rules of a stringent professional etiquette would impose on them in their relations with our profession. This is expressly the case with regard to their relations to the class of consultants. Necessary as some rules undoubtedly are for the regulation of inter-professional relations, it seems to me a serious error to attempt by their means to coerce society. To assume a dictatorial and coercive attitude towards society is calculated to bring the medical profession into great disrepute, and to lessen, not augment, its legitimate influence and authority."

In short we must freely, and without any latent feeling of resentment, recognise that persons though they usually consult us, have at the same time a perfect right to consult whomsoever they like. "The application of the rules of a strict etiquette to humanity when under the stress and strain of disease and suffering, and with dread of disablement, bereavement, or death is cruel and unreasonable." I, and I hope all who hear me, will re-echo Dr. Yeo when he concludes, "No medical man with a proper amount of self-respect can possibly wish that patients should be forced to consult him when he does not possess their entire confidence."

The publication and advertisement in the medical or general press of essays and works on medicine and surgery are very much resented by some medical men, chiefly by those who have neither leisure nor inclination for literary pursuits. Referring to this, Dr. Yeo says: "I am not to be understood as blaming this practice. I do not—I recognise it almost as a necessity of professional existence." To those members of the profession who have investigated homoeopathy, whose experience in daily testing the worth of this principle of drug selection during several years, the publication of essays explanatory of it, and their announcement in the general press, is not so much "a necessity of professional existence," as it is a duty they owe to the public. Our position is briefly this. 1st, we know from personal observation and experience that medicinal remedies selected on a homoeopathic basis, are more capable of checking the course of disease, of removing pain and

saving life than when they are chosen upon any other grounds hitherto made known to us. We further know, that these conclusions have been arrived at by thousands of medical men in all parts of the world during the last hundred years. Our experience and that of our predecessors and co-temporaries assure us that the statement with which Dr. Everett concluded his report, comparing the results following the application of homœopathy during one year, in the wards of Araphoe County Hospital at Denver Colorado, with those which followed non-homœopathic treatment during the preceding twelve months:—"It does not," he says, "lie within the power of the Allopathic system of medicine to conduct a hospital as economically or with as great a saving to human life as it can be conducted under the Homœopathic system."

This, then, is what our experience has taught us, this is what we believe.

Then, secondly, how is this experience received by the non-homœopathic section of the profession? They refuse to enquire into it at all. Those who have it in their power to do so, place every obstacle in the way of any medical man making such an enquiry. Any contribution to the medical press presenting evidence of the truth of homœopathy is refused insertion. No statement regarding homœopathy that does not misrepresent it is admissible, while such as do are repeated *ad nauseam*. No work explanatory of homœopathy is allowed to be advertised in the columns of any non-homœopathic medical journal.

If the views we hold on this subject are as important to the well being of the public as we believe them to be, it is proportionally important that the public should know of their value and have opportunities also of knowing what these opinions are which the majority of the profession are at once perfectly ignorant of and bitterly anxious to suppress the knowledge of.

What then is our duty? "Men who have become convinced of the practical utility of the homœopathic rule," said the President of the British Homœopathic Society in his address at the opening of the present session, "ought to set forth their experience clearly and scientifically in accordance with received and known

conclusions in physiology and pathology, and to spare no pains to discover, if possible, the law or laws upon which the issue of these facts depends."

Further, we ought to explain to the public in clear and simple language what is meant by homœopathy, what evidence exists of its truth, what are the clinical results following its practice; we ought to support and extend hospitals and dispensaries where its practice may be illustrated and taught; to maintain in the highest state of efficiency periodicals devoted to its setting forth and discussion.

New essays of the kind I have mentioned, in addition to those already in existence, have become comparatively unnecessary, as the Tracts published by the Homœopathic League, now issued in three small volumes, form an Encyclopædia upon all that relates to the history, the principle, the method, and the results of homœopathy; the character of the opposition it has encountered, and the influence it has had upon the practice of medicine generally. It is incumbent upon us then in endeavouring to fulfil our duty to the public, in making homœopathy and its advantages known, to promote the circulation, as far as we can, of these three little volumes.

While it is thus a duty we owe to the public to make homœopathy known to them, the public has no claim upon us to endeavour to force the advantages of homœopathy upon them by in any way inducing us through unethical methods to injure the reputation or undermine the interests of medical men practising around us. Such a course of conduct would not only be in direct opposition to Christian ethics, but it would most certainly do more than anything else to prevent other medical men from investigating the subject, and that I trust is nearer the heart of every one of us, than any mere extension of a personal circle of patients. The conversion to homœopathy of one medical man is of far greater public usefulness than that of dozens of laymen.

In conclusion, gentlemen, our duty to our patients, our duty to our professional brethren (which is unaltered by therapeutic differences), our duty to the general public, is perfectly clear; the principles, upon which we should carry out our duty, have, in all instances, been laid down for us in the New Testament. To them let us one and all closely adhere. From them let no tempta-

tion induce us to diverge. Then may we sincerely use the language of Wordsworth, and, with him exclaim:—

Stern daughter of the Voice of God,
O Duty!

. I myself commend
Unto thy guidance from this hour;
Oh! let my weakness have an end!

Give unto me, made lowly wise,
The spirit of self sacrifice,
The confidence of reason give,
And, in the light of truth, thy bondman let me live!

URETHRITIS WITH SPECIAL REFERENCE TO ITS DIAGNOSIS BY MEANS OF THE URETHROSCOPE.*

By DUDLEY WRIGHT, M.R.C.S., Eng., L.R.C.P., Lond.,

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at the London Homœopathic Hospital.

OF the various exciting causes of inflammation of the lining membrane of the urethral canal, there can be no doubt that the gonorrhœal poison is the commonest, and it is with this form only that I propose to deal to-night.

I do not wish to take up your time by discussing the symptomatology of the acute stage of this affection, or to enter very deeply into its treatment, for I feel sure that I could not tell you anything new on these points; but my aim is to draw attention to certain aspects of interest and importance met with in the later stages of the disease, at a time when patients usually—and not very seldom the medical man as well—are apt to overlook the small smouldering spark of the but half-extinguished disease, which at any time is likely to light up troubles which may last as long as the patient lives, if not, indeed, be the first cold touch of the hand of death.

There are a few points connected with the acute stage of the disease which may repay a few minutes' consideration. The first of these is the question of the extent to which the urinary passages are attacked by the gonorrhœal inflammation. It must, I think, be conceded that

*A paper read at a meeting of the West of England Therapeutical Society at Clifton, October 30th, 1895.

the affection varies in intensity in different individuals, and whether this is due to a greater or lesser virulency of the poison, or to a varying degree of receptivity on the part of the patient, it is difficult to say. That both factors play a part is probable. Certainly one finds that certain urethras are far more irritable than others. Sir B. Brodie used to say that the temper of the urethra varied as the temper of the mind; and so far as the tolerance of the passage of catheters is concerned this is certainly true. It is said that this inflammation usually commences near the meatus, in the navicular fossa. This being so the morbid process must travel backward, and evidences are not wanting to show that it loses ground behind as it affects the deeper parts of the urethral tube.

In some cases it sets up a cystitis, and may even extend to the pelvis of the kidneys, and cause fatal pyelitis. Fortunately, this is an unusual sequence; there seems less resistance to the downward spread of the inflammation, *i.e.*, in the direction of the vas and epididymis than kidneywards; at any rate the more frequent occurrence of gonorrhœal epididymitis than of pyelitis seems to warrant this assumption.

One naturally asks here, can the ciliated lining of the vas have an influence in escorting the gonococci to the epididymis? I know of no observations in this direction, neither do I know of any case in which the specific coccus has been found in the purulent secretion usually present in the lumen of the deferential tube, though the fact that the inflammation may in cases spread through the tissues of the spermatic cord to the peritoneal cavity, and excite a peritonitis, points in this direction.

Certain spots in the genito-urinary apparatus seem to be particularly influenced by the gonorrhœal poison. Thus we find that the tissue around the region of the bulb retains the inflammation longer than other parts of the urethral canal. This is one of the commonest sites of those long strictures, and this shows that the poison penetrates into the deeper tissues at this part more readily than elsewhere. Then again, in certain cases, the neck of the bladder is more involved than other parts. In the epididymis the tail is more affected than the head, in this respect the disease is antithetic to tubercle, which most commonly commences in the head.

As homœopaths, we would naturally cast about to find some drug which in its pathogenesis shows a similar predilection for these sites. Nearly all drugs which cause urethritis produce some irritation of the neck of the bladder, and it would seem—probably owing to the course of the blood supply—that drugs instead of exciting inflammation near the meatus, which travelled bladderwards as in gonorrhœa, produced an opposite pathological sequence. As regards the bulbar and epididymal affection, it is possible that we have in clematis an antitype of the gonorrhœal infection.

Another point of much interest is the question of the longevity of the gonorrhœal poison, intimately associated with which is the duration of contagion. Evidence is not wanting to show that the specific poison may be latent in the tissues long after the acute disease has subsided. Examples of this are met with in those cases in which after some dietary or sexual indiscretion a return of the purulent discharge occurs—a discharge which may possess all the contagious powers of its forerunner. Gynæcologists have done much work in this direction, and have shown us that a man may infect a healthy wife a considerable period after all active manifestations of the disease have passed away.

On this point my colleague Dr. Burford, tells me that he has known of instances in which gonorrhœal infection has occurred in a newly married woman several years after the first and only attack in the husband. He moreover states that he believes that in such cases a gleet discharge is always first present, being brought about by some dietary or sexual excess, and that by this discharge the contagion has been conveyed.

The late Mr. Berkeley Hill believed that no definite rule could be laid down, but that when the discharge is secreted entirely by granular patches, the crypts and glands having ceased to furnish pus, we may consider the discharge no longer specific in character or capable of communicating disease to others.

It would thus appear that the gonorrhœal poison is but little less baneful than the syphilitic, with one difference, however, viz., that the former, except in those occasionally met with cases of gonorrhœal pyæmia, shows no tendency to blood infection.

We have, then, to look to some attribute of the tissues affected which will account for this longevity, and I think it needs but a moment's consideration to see that in the numerous complicated tubular recesses and ducts pertaining to the main urinary aqueduct, we have an ample explanation of the fact we are alluding to; indeed one begins to wonder at the possibility of entirely eradicating the disease when once it has obtained a foothold.

Another matter of much interest is the nature of the so-called "suppressed gonorrhœa." One occasionally hears of cases in which a suppression of the urethral discharge has been immediately followed by one of the various complications of the disease. The arrest of suppuration in other parts of the body has been credited with exerting a similarly evil influence. How often, for instance, do we not hear of stopping of the discharge from the ear causing cerebral complications?

A curious case of the supposed evil effects of the suppression of a discharge was narrated to me by a colleague the other day. A patient came to him complaining of a bad cold in the head with much purulent discharge. He ordered her kali bichrom., after taking which the nasal cold promptly disappeared, but bronchitis supervened. This he treated with phosphorus, and relief was quick, but with the cessation of the bronchial affection the cold came back.

Returning, however, to our subject, I would like to remark that I believe that were we to carefully examine into each of these cases of suppression of discharge followed by evil consequences, we should find that the occurrence of the complication was the cause of the suppression, and not *vice versa*. One can quite understand that inflammation of so large a tract as the epididymis, which is some 15 to 20 feet long, or of the prostate, or peritoneum, would cause a withdrawal of blood from the urethral lining, and thus, acting in the same way as an artificial counter-irritant, lessen the inflammation in the original situation. I see nothing improbable in such an explanation, and the fact that one often sees, on the one hand, a discharge suddenly stopped by treatment with nothing but good results following, and on the other, the simultaneous appearance of a complication and the cessation of a discharge for

which no treatment has been adopted, to my mind, lend support to this view.

I would not be understood, however, as recommending energetic local treatment in acute urethritis. Such is not my custom by any means, as I believe that during the acute stage few or no local remedies are requisite. An occasional douche of warm perchloride of mercury lotion of a strength of 1 in 10,000 may be beneficial, but I would limit it to this. So long as the pus is allowed to escape freely—no plugs of cotton wool retained in place by a long prepuce being allowed—and the usual dietary and hygienic precautions are taken, the internal administration of the indicated drugs will do all that is required.

In order to save time, I have tabulated the various remedies useful in gonorrhœa with their various indications (*see page 228*), but I will make a few remarks upon special drugs.

Aconite, though not mentioned in the table, is undoubtedly of use in the acute stage, though I do not know that it causes any special urethral symptoms. Its use in rigors from catheterism is too well-known to be further dwelt upon. Besides cannabis, which as we see in the table causes incontinence of urine, we have another drug which is useful in paralytic conditions of the bladder neck, left after the acute attack has passed off, namely dulcamara.

Were I asked what remedies were of most use in the attack, I should say that for the first stage, before purulent secretion had become well established, aconite followed by gelsemium would suit best, and that when the flow was established, cannabis sativa would, I expect, be the remedy most indicated, but it is needless to say that no universal rule should be laid down, as it inevitably leads to that worst of all forms of treatment, namely, routine medication.

Having thus dismissed the consideration of the acute attack, let us now pass on to the stage in which all urgent symptoms have passed away. For some reason or other the case has not been cured completely in the ordinary sense of the word, and the patient has drifted out of our hands, and has given up treatment, may be thinking that it is not worth his while to bother about the slight amount of clear discharge which comes away.

Or perhaps—and this is by no means an uncommon case, for your chronic urethritis patient is often excessively anxious and nervous about his state—he has used all sorts and conditions of treatment, and worried his urethra with every kind of injection that his many sympathetic and fellow-suffering friends could recommend, and in spite of all this there is still some slight suspicion of tingling during urination, still the gleet discharge which leaves such unpleasant stains upon his linen. What then is to be done to relieve him of all this?

Before trying to answer this question, let us pause a short time to consider, to get a glance at, if possible, the parts which are the *fons et origo mali*.

In health, as is well-known, the urethral passage is covered by a smooth mucus-moistened lining, into which numerous small mucous glands open whose tiny mouths are not very clearly visible to the naked eye. If viewed through the urethroscopic tube the walls of the canal thus made resemble both in colour and glistening aspect the lining membrane on the inner aspect of the lip.

Now, in pre-urethroscopic days, if a patient had a gleet he would be suspected of having a stricture, and if on examination with a bougie no narrowing of the canal was found, the condition of the urethral lining causing the gleet was merely a matter of speculation. The use of the urethroscope has changed all that. We can now know exactly what is the state of the canal, and, further, we can be sure that what was in the past often considered a slight stricture was really nothing more than a spasmodic contraction of the surrounding muscle brought on by the irritation of a chronic granular patch.

The more perfect knowledge obtained by refined methods of diagnosis usually leads to improved methods of treatment, by means of which the course of the disease is considerably shortened, or complications and sequelæ, which formerly were common, are rendered of less frequent occurrence.

It is my object then to tell, in as brief a manner as is consistent with clearness and accuracy, the various changes in the urethral canal which the use of the urethroscope will reveal, together with the improved methods of treatment facilitated by its use. And I will

A Table showing the Chief Indications of some Drugs of use in Urethritis.

REMEDY.	DISCHARGE.	AMOUNT OF URINE AND SYMPTOMS ON URINATING.	CONCOMITANT SYMPTOMS.	REMARKS.
Gelsemium semp:	Very slight or absent.	Burning and soreness of urethra.	Pains in limbs and body. Malaise.	One of the best remedies in early stage of gonorrhoea, before much discharge has appeared, and if feverish symptoms present. Also in spasmodic stricture.
Cantharis.	Mucous or purulent.	Scanty, high coloured; may contain albumen and blood. Intense burning, "like molten lead," on urinating.	Chordee. Tenesmus vesicae.	Suitable in acute cystitis or urethritis, especially when neck of bladder involved. Useful in complications of "suppressed" gonorrhoea.
Cannabis sat.:	Yellow; purulent.	Often turbid from the discharge. Burning and smarting during and after the flow of urine.	Swelling and dusky redness of glans. Chordee. Slight tenesmus.	Suitable in gonorrhoea when discharge established.
Cannabis ind.:				Very similar to above, but nervous system particularly involved. May be paralysis of sphincter and incontinence of urine.
Argent. nit.:	?	Increase of quantity, and pale. Burning during and after flow.	Urethra feels hot, sore, and swollen. Some tenesmus.	Follows Cannabis well.
Merc. sol.:	Muco-purulent (greenish) discharge; worse at night.		Tenesmus. Redness of meatus. Burning between acts of micturition. Balanitis.	Rheumatic and other pains not relieved by sweating.
Calcium:	Thick, yellow pus.		Stinging pain in meatus, and stitches in deep urethra between acts of micturition. Hemorrhage from urethra. Irritation at neck of bladder. Erections.	Especially suited to fat persons of lax fibre and indolent disposition. Persons prone to hemorrhoids.

Copaiva.	Pus, or milk-like cor- rosive discharge.	Burning in urethra and neck of bladder.	Meatus extremely tumid and in- flamed.	Patients very sensitive to heat and cold and changes in weather. Nervous system easily deranged.
Digitalis.	Thick, bright yellow pus.	Scanty flow at first, then diuretic. Burning with urination; stranguy.	Balanitis. Urging to urinate, especially on standing and at night. Constant erections. Semi- nal emissions during sleep.	
Pulsatilla.	Thick purulent or meco-purulent.	Micturition followed by cutting pains and pri- apism.	Pains across groins and hypogas- trium and down spermatic cord. Testicle swollen.	Epididymitis and prostatitis occurring during gonorrhoea.
Thuja occident.	Thin muco-purulent or mucoid discharge.	Copious, turbid; burning in neck of bladder during and after flow.	Scalding in urethra and urging to micturate. Painful erections at night. Sometimes balanitis, with suppuration in preputial fold. Warts on prepuce, glans, or around anus. Enlargement of hemorrhoidal vessels and dis- charge of mucus from anus.	Especially useful in recurrent attacks of gonorrhoea—gonorrhoeal pyæmia, or other ill-effects of suppressed gonorrhoea.
Clematis erecta.	Mucous discharge.	Urine flows in fits and starts. Patient has to wait a considerable time before he can pass water.		Of use in early stage of stricture (Hughes). Induration of testicle and epididymia.
Nux vomica.	Thin, almost blood.		Irritation far back in urethra, about prostate, and at root of penis. Urging to urinate and stool.	Indicated in old cases where the me- brano-prostatic portion is involved, and chronic inflammation of prostate, especially after long continued sexual excess.
Sulphur.	Thin purulent, or watery.	Slight burning during micturition.	Induration of prepuce. Redness of lips of meatus.	Suitable for end of attack, or in cases in which the chronic urethritis has left behind great weakness of sexual organs. Erection not possible. Cold feet. Flushes of heat in the head from sexual excess.

preface my remarks by saying that the pathology of the urethra differs in no material respects from that of other similar mucous linings.

Given this fact, then, we should expect that an attack of acute inflammation merging into the chronic form would, according to its severity leave behind it, first, a sodden condition of the lining endothelium with perhaps here and there an erosion or loss of this superficial layer; secondly, in those severe cases where the inflammation had spread more deeply into the submucous tissues and caused some necrosis, we should expect to see something of the nature of granulations, provided that the healing process had commenced. And, lastly, in cases where these processes had been in action for some time we would with reason anticipate some new connective tissue formation.

All these conditions may be met with in any part of the canal, and it is not uncommon to meet with examples in which each is present in one urethra. Localised patches of congestion are met with particularly at the peno-scrotal angle. In slight cases of urethritis, loss of the normal bright reflex of the membrane is particularly noticeable, perhaps it is the only sign present; together with this, there commonly appears an enlargement of the duct-openings of the various mucous glands, the surroundings of which are slightly swollen and congested.

The surface of the erosions may be reddish coloured, but more frequently they are yellow, owing to a coating of muco-pus which they secrete. This on removal shows a slightly granular surface beneath, and the transition from this to a chronic granular patch is but a slight step. These granulations may form abundantly on the lateral walls of the urethra and meeting in the middle line, coalesce to form, after undergoing fibrous contraction, those occasionally met with "bridle strictures."

The condition of the urethral glands is an important aid in the diagnosis of the stage and curability of the urethritis. It is these glands which contribute to form the gleet discharge.

If the opening of the mouths of the glands be very wide, and there be much peri-glandular swelling, we may surmise that not only is the condition of long standing, but that it is also difficult of cure.

Besides furnishing a gleet discharge, congested patches when present often give rise to subjective symptoms, such as tickling and feeling of an insect crawling in the passages.

Granular patches appear to form in any part of the urethra, but more particularly in the penile portion, and are easily recognised by their uneven red papillary surface. According to Fenwick they are able to induce various reflex neuroses as well as a distressing and obstinate gleet. They certainly do bring about a contraction of the surrounding muscle which may easily be mistaken for stricture. An ulcerated patch in the rectum, as is well known, may cause reflex contraction of the sphincter, so it is not surprising to meet with a similar state of affairs in the neighbouring urethra. Superficial erosions situated in the deeper parts of the canal will likewise induce contraction of the sphincter urethræ in the membranous portion.

The tendency for the granular patches to undergo cicatricial formation and subsequent contraction leading to stricture is so well known that we need spend but little time over this matter. By distending the urethra with air during urethroscopic examination such commencing strictures are rendered more visible as constrictions, the mucous membrane being bulged in front and behind it, and in such cases the position can be marked and the stricture incised by means of a specially fashioned knife through the endoscopic tube.

As viewed by the urethroscope, deep infiltrations of the membrane as well as indurated patches left at old inflammatory sites are discernible as pale slightly raised areas. The lumen of the tube, instead of appearing as a transverse slit has one margin, namely, the infiltrated one, convexly arched; or if many nodules are present the lumen will acquire a tripartite or quadripartite form.

Slighter indurations, insufficient to cause a stricture, are detected by the irregular way in which the lumen wriggles from side to side as the tube passes them.

Such changes as those above mentioned are not necessarily limited to the spongy portion of the urethra, but may be met with in the membranous part as well.

The prostatic urethra will also seldom be found free from congestion, and irritability in chronic cases, and for the cure of the gleet active treatment of this part of

the tube is often necessary. Examination with a curved tube which bears a window on its under aspect at the bend will allow of a good view of the parts and also of local medication as well. The ordinary straight tube, used for other parts of the urethra, is not so convenient for examining the prostatic portion as the curved tube. This can be easily introduced into this part of the urethra, and the floor, which generally shows the most marked changes in the region of the prostatic sinuses and veru montanum can be viewed and, if necessary, touched with the caustic solution.

In any case, when examining with the urethroscope, it will be found useful to have some hazeline tincture at hand, for the introduction of the tube may cause bleeding from an inflamed surface, and thus the view will be obscured. A touch on the bleeding spot with some wool dipped in the hazeline will generally stop the bleeding.

As regards the treatment of chronic urethritis, you will see that I have placed a few drugs on the tabular list which should prove of value under the indications laid down. Thuja, a drug from which I cannot say I have found much benefit in acute cases, is probably the drug most commonly indicated. Clematis, as Dr. Hughes has pointed out, is suited to those cases of induration where stricture is commencing. Sulphur and nux vomica are most useful at the end of an attack.

There is another drug, viz., buchu, which according to Stillé is of the greatest service in those troublesome cases of gleet in which the mucous glands of the urethra are chiefly affected. I have not included it in the table as I do not know that it is homœopathic to the condition it is said to cure, nor do I know of any provings. Stillé recommends that it should be given as an infusion, or else in the tincture form.

Local applications of hydrastis, either in the form of a lotion injected, or else incorporated in the substance of a bougie of cocoa butter is of service in obstinate cases, especially those in which erosions or granular patches are present.

I cannot possibly mention the various lotions which from time to time have been recommended as injections for the chronic stage. The best known one is probably that called the "four sulphates" injection of zinc, iron,

copper and alum, and a very useful one it is. Sulpho-carbolate of zinc, gr. ii., ad \mathfrak{z} i., is also a convenient application.

When, however, the granular patch is well marked, or the mucous membrane of the prostate region is much swollen and infiltrated, the application of nitrate of silver, in varying strengths from 2 to 40 gr. ad \mathfrak{z} i., or even in cases the solid stick, is of the greatest service. By means of the urethroscope we can touch any spot we may desire to treat, and can confine the action of the remedy to that locality. In using the stronger solutions, or the solid stick, this is particularly necessary. It is well to order the patient a mild sulpho-carbolate of zinc lotion to use daily in between the caustic applications, which may be given two or three times a week, or less frequently, as may be deemed desirable. Under this treatment, healing is brought about in many cases in a surprisingly short space of time, when compared with other forms of treatment.

It is scarcely necessary to remind you that in most, if not all cases, sexual and dietary restrictions are needful. It is of little use to undertake the treatment of chronic urethritis in a patient who indulges in alcohol or sexual intercourse to excess, it is therefore our duty to warn our patients of this beforehand, and prohibit both. The treatment of stricture when once it has become established does not enter into the scope of this contribution. It has been rather my aim to draw your attention to, and to point out the best methods by which this complication may be arrested. Prevention is better than cure, and it is only by a thorough understanding of the preliminary lesions, which if left to themselves inevitably lead to the more serious form of disease, that we can hope to stave off or keep our patient free from organic stricture of the urethra and its many evil concomitants.

DISCUSSION.

Dr. ORD said that in dealing with the urethra in gonorrhoea we were dealing with a septic cavity. The indication was therefore to clear this out, and this he was of opinion was most conveniently done by means of injection of weak Condyl's fluid, great care being taken to close the end of the

penis after the nozzle of the syringe had been well inserted, and to make the injection reach the deepest part of the urethra. He had obtained great benefit in his cases from iodoform bougies in the early stages. Camphor he thought was an excellent drug, especially when there was much chordee, and hydrastis had very much the same symptoms as pulsatilla, only there was not epididymal affection. For stricture in its initial stages he believed iodide of sulphur was the best remedy.

Dr. NICHOLSON asked what experience Mr. Wright had of sandal wood in the treatment of urethritis. He was in the habit of telling the patient to hold the root of the penis when making urethral injections, as he believed that the anterior part of the urethra was the part affected, and by carrying the injection into the deeper parts there was great risk of making the inflammation spread to the prostate.

As a local application, he preferred nitrate of silver, only the pain caused by its use was an objection.

Dr. CASH would have liked to hear more about other forms of urethritis than gonorrhœa. Thus, the gouty form, and also that caused by a leucorrhœal discharge. He had found petroselinum useful where there was a feeling of something crawling in the urethra. Ichthyol, locally, he found of much service.

Dr. EUBULUS WILLIAMS had always been satisfied with the local use of chloride of zinc.

Dr. MOIR and Dr. BLACK both discussed the question of the duration of the contagion, and the latter said that he believed that gonorrhœa, besides causing sterility in women, might likewise cause a similar condition in men.

Mr. WRIGHT replied. He had never used iodide of sulphur for the prevention of stricture and was glad to know of it. He had used it much in indurated ulcers of the extremities, and a case of Bazin's disease he had lately had under treatment gained much benefit from its use. As regards sandal oil, he knew of no provings, but he believed Hale recommended it in the painless thick yellow discharge, and gave it in 10 drop doses of the 1st dilution, or one drop of pure oil. The great objection was its smell, as any one taking it thereby proclaimed to the public at once what was the matter with him. Benzoate of ammonia and lycopodium were the two chief drugs for gouty urethritis, but he had purposely restricted his paper to the gonorrhœal form.

OVARIOTOMY AT THE EXTREMES OF LIFE.

By GEORGE BURFORD, M.B.

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Hospital.

I HAVE frequently demonstrated the easy and uneventful character of recovery after uncomplicated ovariectomy; a convalescence smoother and more uniform than that of any idiopathic disease after crisis. The extremes of youth and age scarcely colour the easy progress of restoration to health: and the ensuing cases I have selected as object lessons of the mild stress which simple ovariectomy imposes upon the bodily powers.

I.—*Ovariectomy on a Patient at 62 years: Unusually Rapid Convalescence.*

Dr. Neild, of Tunbridge Wells, referred to me an elderly lady with an ovarian cystic growth for operation. So insidious was the development of this tumour that the patient had assigned her increasing bulk to flatulent dyspepsia, which latterly had constantly troubled her. Not content with the patient's diagnosis, Dr. Neild at once instituted a thorough examination of the vital organs, and discovered a large ovarian cystic mass, which up to that time had been unrecognised.

The lady was 62 years of age, tall, spare, and with the exception of the dyspepsia in moderately good health. The sphygmographic tracing showed arterial rigidity rather than high tension: the sp. gr. of the urine was 1010, and the quantity per diem about 40 ounces. I look upon the presence of a low sp. gr. of urine, no less than the presence of urates, as a condition to be amended before safe operation: and I was gratified after a few days careful dieting, to observe the sp. gr. rise to 1020, with but little diminution in the fluid excretion. Arnica was the remedy administered during this time.

The operation presented no condition of difficulty. A large multilocular ovarian cyst was removed, springing from the left side, and to make assurance doubly sure the serous cavity was washed out with warm water, and a glass drainage tube inserted. This latter was removed in less than 36 hours. There was no shock, and the pulse was as good at the end of operation as at the commencement.

Flatulence and vomiting caused some trouble for a couple of days, but these were then subdued by a few doses of merc. dulcis 1x. Thereafter the convalescence proceeded almost without interruption. There was no pain, the patient slept well, and asked for and obtained solid food sooner than in similar cases is the rule.

Some bladder irritation now declared itself, and was treated by irrigation, combined with the internal administration of nitric acid 1x. Save and except for this incident the recovery was unbroken: the incision healed by first intention, and it was with the greatest difficulty that the patient could be induced to submit to the routine nursing of an ovarian case. Her high spirits were continuous, her bodily strength rapidly increased, and she returned home exactly 18 days after operation, having made a convalescence which, for brevity, is in my experience a record one. So far as the dyspepsia was concerned, the patient had lost the heavily furred appearance of the tongue which up to operation had been persistent.

II.—*Ovariectomy on a Patient at 15½ years: Uninterrupted Recovery.*

Dr. Joseph Kidd sent to me at the Hospital a girl æt 15½, with a large ovarian cyst, for ovariectomy. The patient was tall and otherwise slender, in fair health, excepting for abdominal pains, which had recurred at lessening intervals for some six months.

The menstrual period had been initiated a year before, and had recurred regularly at monthly intervals up to four months ago, when the interval had been curtailed to a fortnight: and she had menstruated twice each month since that date.

Abdominal examination revealed a large ovarian cyst, which responded to all the classical indications of thrill, percussion dulness, fluctuation and localisation. On consultation, ovariectomy was unanimously recommended.

The operation resolved itself into the removal of a large monocular ovarian cyst by abdominal section, through an incision scarcely exceeding two inches. The cyst sprang from the left side, and its interior lining was found coated with small calcareous plates. No drainage was requisite.

The convalescence was practically without break : and the incidence of the operation was singularly slight upon either the vital powers or the comfort of the patient. Twenty-five days was the term of her stay in hospital after operation, and this period could have been abbreviated had we not thought it advisable in view of her tender years to maintain a somewhat longer supervision than was absolutely requisite.

The patient was sent to the Convalescent Home at Eastbourne to establish her health, and on returning to town reported herself to me, and afterwards to Dr. Kidd, in excellent health. The menstrual period had now resumed its monthly type, and I had no hesitation in advising the early resumption of her active duties.

REVIEWS.

Helmuth House Reports, 5th Series, from September 1890, to 1895.
New York : G. P. Putnam's Sons. 1896.

THE Reports comprise a medical and economic account of Helmuth House Private Hospital during the above-mentioned period. Under the latter heading, the only statement which particularly strikes us is that "open fires are charged \$1 per day extra." We presume that this is intentionally made a prohibitive charge to prevent indulgence in "open fires."

The medical report is full of interest. A total of 1,009 cases were treated during the five years (but we are not told how many beds are available). Most of these were surgical cases, 855 operations of all kinds having been performed. Dr. Helmuth makes some important observations on the question of the cause of death after abdominal operations. Starting with the fact that, in the case of many deaths ascribed to peritonitis, little or no sign of inflammation is found at the autopsy, Dr. Helmuth says that these cases should usually be put down to bowel paralysis. All abdominal surgeons would probably agree that this is frequently the case ; but most, we think, will believe that something more than the manipulation of the intestines is ordinarily required for this. If the bowels suffer much in this way, the patient shows it by the amount of shock following ; when the reaction from shock ensues, the bowels will ordinarily resume their tonicity. "Back of" the paralysis (as our American friends would say) lies a dose, usually an overwhelming dose, of septic poison. The invasion has been so considerable that vital resistance and limiting inflammation have been deficient.

Dr. Helmuth allows that a small proportion of the cases where great tympanitis is present are due to mechanical obstruction. He does not allude to a valuable diagnostic symptom—the presence or absence of auscultatory evidence of peristaltic movement. As soon as this is beginning to fail alarm should be taken.

In another section Dr. Helmuth endorses Mr. Malcolm's view that "a weak and rapid pulse are not always indicative of heart failure." This appears to us very like a piece of sophistry. Increased resistance in the large arteries will doubtless account at once for the forcible heart beat and the feeble pulse at the radial artery. But coupled with the rapid action of the heart, the state of the pulse forms the true prognostic index rather than the apparently strong heart beat. Were the heart fully compensating for the increased arterial tension its beat would not be rapid, and the apparently forcible beat with rapid action is indicative of an undue draft upon the reserve strength of the heart, which is only a first stage in cardiac failure.

With Dr. Helmuth's remarks respecting peritonitis, and the usefulness of the inflammation in establishing a barrier against the invading hosts of bacteria, we are entirely in accord.

Some statistics are next given regarding the respective merits of intra- and extra-peritoneal treatment of the pedicle in hysterectomy. These are interesting when read alongside of the recent discussion at the Obstetrical Society on this subject. Dr. Helmuth himself declares in favour of the extra-peritoneal method and the elastic ligature. A variety of other subjects, *e.g.*, hernia, lymphadenoma, hæmorrhoids, prolapsus recti, excision of mamma, &c., are dealt with in short but interesting practical chapters.

The *Reports* is well got up; a number of good photogravures of Helmuth House, and of pathological specimens are a real embellishment to the book. We congratulate our colleagues, the Doctors Helmuth, father and son, on an elegant and lucid record of five years' good and modern successful work.

NOTABILIA.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

We announced in our last the postponement of this gathering from the second week in July till the first week in August (8rd—8th). Representations were made by our American colleagues to the officers of the Congress that no adequate steamship accommodation was available for them till after the middle of July, and they were urged to put forward the date of the Congress from a fortnight to a month. Accordingly, taking the convenience of British practitioner

also into consideration, they determined to put it off for three weeks—having reason to believe that such change would not be disagreeable to Continental homœopathists. The new date would seem, at first sight, to conflict with that of the meeting of the German Central-Verein, which is fixed for August 9th—10th; but by leaving London on the Friday night the traveller would reach Nuremberg (the place of gathering) on the evening of the 8th, and so be ready for the opening day of the German assembly.

Little is known as yet about the number of visitors from abroad that we may expect; and the American committee has not, up to the present time, announced the subjects it has chosen or the essayists it has appointed. Nor do we know who will report for homœopathy in the United States during the last five years. Otherwise, for all countries there have now been found historians, save for Spain, Mexico, and the South American Republics. So many fresh claimants for a hearing, moreover, have come forward, that it seems likely that the forenoon gatherings, which were to have been of an extemporised and informal character, will have to be definitely organised beforehand as “overflow meetings,” under the officers and rules of the Congress.

Some disappointment has been felt and expressed as to the apparent meagreness of the programme in the “*Preliminary Announcement*,” issued by the permanent Secretary. It must be remembered that it is not yet complete; but even when it is, it will seem a slender bill of fare when compared with that spread in 1891. The explanation is that the work is arranged on the plan so successfully carried out at the Congress of 1881. In 1891 the method adopted seemed to be to get as many essays as possible; to occupy the meetings in having them read, generally only in part, and then to give the brief remaining time that could be spared for each to discussion, which could hardly be otherwise than scant and superficial. To our mind, though a fair programme and a thick volume of transactions are secured hereby, the prime object of such gatherings—the *interchange of thought and experience*—is little subserved. The officers of the Congress preferred to go upon the plan proceeded upon in 1881, of giving almost our whole time to discussion, and to make this more valuable, because more well-considered, by printing and circulating the papers *beforehand*—presenting them, by *résumé* only, at the time. For this purpose, as but a certain number of hours are at our disposal, a limited series of essays is a necessity. There will be, as it is, quite as many as in 1881, and the time then was all too short for dealing fully with the questions they raised.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

LIST OF SUBSCRIPTIONS.

	£	s.	d.		£	s.	d.
Amount previously ad- vertised	27	6	0	Dr. J. W. Hayward (Birkenhead) ...	1	1	0
Dr. Pullar	1	1	0	„ Powell	1	1	0
„ Burwood... ..	1	1	0	„ C. W. Hayward (Liverpool) ...	1	1	0
„ Burford	1	1	0	„ Hayle (Rochdale)...	1	1	0
„ Wilkinson (Windsor)	1	1	0	„ T. G. Nicholson (Liverpool) ...	1	1	0
„ J. D. Hayward (Liverpool) ...	1	1	0	„ Cash (Torquay) ...	1	1	0
„ Purdom (Croydon)	1	1	0	„ P. Capper (Tun- bridge Wells) ...	1	1	0
„ Thomas (Chester)...	1	1	0	„ C. H. Blackley (Southport) ...	1	1	0
„ Morgan (Clifton)...	1	1	0				
„ C. Wolston	1	1	0				
„ Ord (Bournemouth)	1	1	0				
„ Moore (Liverpool)	1	1	0				
„ A. C. Clifton (Nor- thampton	1	1	0				

THE LONDON HOMŒOPATHIC HOSPITAL.

THE Princess Mary Adelaide, Duchess of Teck, has permitted the East Wing of the new building of the London Homœopathic Hospital, opened by Her Royal Highness in July last, to be named "The Princess Mary Wing." The West Wing will be named "The Durning Wing" by permission of a liberal donor.

BUCHANAN COTTAGE HOSPITAL, ST. LEONARDS-ON-SEA.

SIXTEENTH GENERAL ANNUAL MEETING.

Dr. VERNON BELL in the chair.

THE meeting was well attended, and the report showed that the hospital was doing work nearly to its utmost capacity. In-patients 199, and out-patient attendances 2,400. There was a balance of £14 12s. against the hospital on the year's income and expenditure. The hospital cost £945, and the out-patient department £51. Emphasis was laid upon the need of an out-patients' building instead of the present hired rooms, and towards this object Mrs. Mason very generously promised £100, and Mr. Pocock said he would do what he could to forward it. The committee sincerely hope friends will come forward and give the funds (about £800) wanted for the purpose.

Dr. Vernon Bell, addressing the meeting, said:—

"Ladies and Gentlemen,—With your permission, I should like to make a short personal explanation how it has come about that I am chairman here to-day. I yielded to the

request of some friends to take the chair at the annual meeting of the hospital from a sense that I owed much to an institution that four years ago sheltered me when my life was in peril, and to its medical officers and staff, to whose unwearied skill and devoted nursing I am largely indebted for being alive to-day. But for this obligation, I am so little of a partisan in medicine that I should have hesitated to occupy this place as the advocate of a great therapeutic law to which I have nevertheless largely adhered during my professional career. I believe in the doctrine of similars, it is true, but I believe in much more. I have never hesitated in combatting disease to employ any and all methods that promised the quickest, safest, and most pleasant restoration of the sufferer to health. The party shibboleths of homœopath and allopath have consequently never been congenial to a nature like mine. I am a physician, an eclectic, or even a medical Bohemian, if you will; but yet a physician who exercises and trusts his own judgment, and who reserves for himself liberty to resort to any means to heal. As I have referred already to a memory very defective in continuity during the last three years, I have thought it wiser to jot down what I have to say in case any of the purveyors of our literary deities, in other words, reporters of the local press, should be present and misunderstand my remarks in a manner calculated to give pain to any section of the art of healing in this town. I am now out of harness and a stranger here to-day, and for anything I know may soon depart to some other locality. I am consequently disinclined to make any depreciatory or censorious allusions or in any way to hurt the feelings of my *confrères*, whatever their medical creeds may be. So much by the way of exordium and all about myself. But now let me thank you for so kindly referring to me by a vote of thanks. I know few harder things in the world than receiving commendations when a man has only done what he ought to have done. In coming here to-day I have done nothing deserving of thanks. I feel this all the more when I reflect on the fate, among his contemporaries, of the discoverer of the therapeutic law of similars. I have said 'discoverer,' but this is not strictly accurate, for the affinity of like for like has existed since our globe was whirled in a partially molten and gaseous form from the sun millions of years ago. For Hahnemann, however, was reserved the credit of making the principle of similars practically useful in disease, and this is his great distinction. But instead of thanks he encountered opposition and obloquy. And why? Because he precisionised and re-directed a general law in the use of drugs. This was progress—real progress, which was instantly confronted by the foster parents of all

real progress in the world, viz., by opposition and obloquy. It is not difficult to understand why this should be so. Individual men in the profession of medicine have often taken the lead of their colleagues in some conventional achievement, and little or no opposition and obloquy have followed, because the achievement did not rise above the average minds of men, and particularly of medical corporations, such as are to be found in Colleges of Surgeons and Physicians, Halls of Apothecaries, and similar licensing bodies. But let an original thinker give an entirely new direction to the principle and art of healing, and he commits an outrage on the cherished beliefs of the privileged class to whose authority he is required to submit. He is arraigned before a tribunal that is prejudiced. Its judges are not only ignorant of that which they assume to pass sentence upon, but they are irritated and alarmed, and cannot judge justly, yet they continue their opposition and obloquy long after the world around them has pronounced in favour of their victim and benefactor. The author of an old book, *Ecce Homo*, has corroborated the foregoing, where he says, 'the glory of the original man is this, that he does not take his views of things at second-hand, but draws wisdom fresh from nature and from the inspiration within him. To the majority in every age, that is, to the superficial and the feeble, such originality is alarming, perplexing, fatiguing. They unite to crush the innovator; but it may be that by his own energy and by the assistance of his followers he proves too strong for them. They are then compelled to do that which is most frightful to them—to abandon their own routine, and out of the example of the original man make a new routine.' Now no one who has closely observed the evolution of practical therapeutics during the last thirty years, as I have done, can doubt the truth of this censure. Physicians have vied with one another in discarding polypharmacy and in prescribing simple substances in forms clearly suggested by the homœopathic pharmacopœia, such as capsules, tabloids, tablet-triturations, compressed tablets, sugar coated diurnules, and pilules, animal granular substances and serums of many sorts. Some of these are injected directly into the circulation, instead of being administered by the mouth, and not a few of them act in obedience to the principle of like curing like. The late Monsieur Pasteur, at whose clinique in Paris I had the privilege and pleasure of 'assisting' for six months, unwittingly verified the truth of the doctrine of similars in his treatment of rabies. Yet the great initial factor of first testing the effects of drugs on healthy bodies before using them for disordered conditions presenting similar symptoms has been neglected and often discredited. Those

are early days, however, and the progress of truth is slow, yet progress is made. Contrast the present day with the methods of a compatriot of mine who had crossed the Tweed into Northumberland in the early part of this century, and who lived near to the battle-field of Flodden, which was so disastrous to the Scotch. When reproached one day for depriving his patients of too much blood, he replied, "Ah weel, aw dinna ken, ye're mebbie recht, but it'll be a lang time afore aw make up for Flodden Field!" Yet spite of such facts and illustrations as these, the evolution of our race continues to make progress. It cannot fail to do so by virtue of its constitution, which is an inscrutable and apparently indissoluble mixture of evil and good, with a preponderance of the former. The principle of evil seems to be the whet-stone on which all organic life is continually ground and sharpened, and human life, the main factor of our race, is accordingly disciplined, transformed and elevated day by day, and age after age. Can we wish it to be otherwise? *Progress*, progress I repeat, *not* individual or even collective happiness, is the law of the world; indeed, of the whole universe; and the human race of this insignificant planet must obey the 'divinity that shapes its ends rough hew them as it will.' The principle of antagonism obtains everywhere, and embraces the Buchanan Hospital as it embraces all things small and great. But for opposition this hospital would not have been what it is to-day; now, it supplies a public need and is more and more appreciated by the sick. Few things are more indicative of an advancing civilisation than the spread of hospitals, both general and special, throughout the land. Though houses for the sick were known in India for centuries before the Christian era, they never flourished before that period as they have flourished since. No building, however imposing or useful, evokes so much affection as a hospital from all classes of the community, and the regard bears no proportion to the size of the hospital. It is enough that it is a hospital to make men bless it. Paradoxical as it may seem, a hospital is one of the most cheering conceptions this earth affords. It is an arena where the inexorable gladiator, Death, fights for the mastery, and in many instances but for founders, benefactors, doctors, managers, chaplains, matrons and nurses, who enrol themselves in defence of his prey, our mortal enemy would too often have an easy conquest. As individuals then, and as units of associations let us first determine that we are in the right, and then go down into the thick of the fight with the ennobling resolution that it shall be carried on without degrading malice, and, as far as possible, without regard to the unfortunate claims of self. Nothing

should be neglected, not only to perpetuate this hospital's efficiency as a memento of its large-hearted foundress and, if possible, her still more generous and self-denying niece, together with other women whose well-deserved wealth is often distributed by their right hands without the ken of their left; but the hospital should be rendered symmetrical in all its parts which cannot be said of it at present. I have been over the building to-day with your indefatigable secretary, and it can hardly be doubted that the addition of an out-patients' department would largely increase the utility of the institution by concentrating its *clientèle* and by saving the time of its medical officers. Of course it is most necessary to exercise foresight and sound judgment before the enterprise of enlargement is commenced, for to build is easy, to endow is difficult. Many old and formerly rich hospitals are to-day in straits to make ends meet, and not a few have closed some of their wards for want of funds. But all these things will not deter some men from attempting to provide accommodation adequate to the work which presents itself, and which increases year after year. Since the opening of the hospital, 15 years ago, the expenditure has more than trebled, while the subscriptions have not maintained the same rate of increase. In-patients have increased five-fold as compared with the first year, and there have been 133 out-patients last year for every two that presented themselves in the first year of the Hospital. These facts and the report of last year's administration, now in the hands of the meeting, speak for themselves. Whatever is needful to render the hospital more efficient than it is at present will not be lacking in either zeal or money, as the past has demonstrated. When a father's health and fitness to win bread for his family; or a sick mother's power to be afoot among her children; or the restoration of the little ones themselves to strength sufficient to enable them to face the conflict of life are to be contrasted with the bestowal of a little—it may even be ill-spared—gold, the warm-hearted donors and subscribers to the Buchanan Hospital have never shown any hesitation in making their choice. Their largesses will come back to them some day, not in kind perhaps, but in the beatific retrospect that they have fought a good fight, and have finally been liberated from what every man, in common with every unit of our race, is less or more afflicted with—to wit, a small, grasping, shivering self."

CROYDON HOMŒOPATHIC DISPENSARY.

REPORT FOR 1894.

THE Dispensary was open four mornings in the week as usual. Patients came from many of the surrounding

districts, as well as from all the Croydon parishes. During the year there were 1,484 patients under treatment, the number of attendances being about 5,000. This shows the increasing usefulness of the Dispensary. Medical officers: T. E. Purdom, M.D., C.M., J. Delepine, M.B., C.M.

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE committee held their annual meeting at the hospital on Friday, 31st January, 1896, under the presidency of the Mayor (Major C. R. Fletcher Lutwidge, J.P.). The committee's report revealed the fact that, judging from the increased number of calls made upon the staff during the past year, this institution is making steady advance in public favour. The number of patients admitted was 81, while the large total reached (2,192 out-patients) showed an increase of 221 over those of the previous year. Of visits paid to patients in their own homes 2,561 are recorded. Several necessary improvements, some actually carried out, others still in prospect, demand increased financial support. The committee could not overlook the fact of a balance being due to the treasurer without expressing the wish that help might be speedily forthcoming to completely extinguish it. The meeting terminated with a hearty vote of thanks to the Chairman, the officers having been re-elected *en masse* for the ensuing year.

PHILLIPS' MEMORIAL HOSPITAL AND DISPENSARY, BROMLEY.

THE seventh annual general meeting was held at the hospital premises on Wednesday evening, February 26th, 1896. The newly-elected President, Mr. W. Murton, C.B. (*vice* Mr. R. W. Perks, M.P., retired), occupied the chair. The highly satisfactory report of the committee's work during the past year was read by the honorary secretary, Mr. J. M. Wyborn. Of 82 in-patients under treatment, 52 were discharged cured, and 19 improved. 1,899 visits were paid to patients at their homes—a benefit conferred in Bromley solely by this institution—and the attendances at the dispensary numbered 1,721. In this department 321 new out-patients were attended. The number of operations performed was 19. In all departments the work of the year has considerably exceeded the average of the previous six years of the hospital's existence. The total ordinary income has amounted to £571 6s. 3d., while the current expenditure has been £557 5s. 9d. The slight diminution in the amount of annual subscriptions also accentuates

the regrettable fact that, without a large increase in this respect, extraneous sources of income—always more or less precarious—must be resorted to, to make up the deficit. Unfortunately neither the annual subscriptions nor the donations have increased *pro rata* with the work. The cordial thanks of the committee were given to the numerous societies and individuals who had most generously tendered them financial aid. *En revanche*, one extremely gratifying feature of the institution's welfare is the progress which has already been made in furthering the scheme for the new hospital. Mr. Allen Stoneham seconded the adoption (proposed by the president) of the report and financial statement, which was accordingly carried. After numerous votes of thanks had been proposed by the president, and seconded by Mr. M. H. Hodder, and a cordial vote of thanks to the President, proposed by Mr. M. H. Hodder, the officers being re-elected *en bloc* for the ensuing year, the meeting terminated.

THE LATE DR. VON BÖENNINGHAUSEN.

WE have received from Dr. Arschagouni, of 248, East Broadway, New York, a fine photogravure of the friend, enthusiastic disciple, and earnest co-worker of Hahnemann—Dr. von Boenninghausen. Dr. Arschagouni has secured, after much research, an authentic photograph of this “veteran of the old guard,” as he was called, and from this he has, by the aid of the best artists in New York, obtained the photogravure, which is printed on steel plate paper $20\frac{1}{2} \times 24\frac{1}{2}$ in size. The memory of Boenninghausen is intimately associated with the early history and development of homœopathy. He was the author of the first *Repertory*, one used and commended by Hahnemann, and published in 1838. As such, this portrait will be appreciated by many, and we feel that Dr. Arschagouni has done us a service in placing before us what is regarded as a genuine likeness of one to whose work we all owe much.

The price of it is two dollars; for which Dr. Arschagouni undertakes to send a copy, registered at the post-office, to any address. We are given to understand that it is much appreciated in New York.

HOMŒOPATHY IN INDIA.

THE *Reis and Rayet*, a native Indian newspaper of a high class, published weekly in Calcutta, in its issue for the 15th of February contains the following interesting account of homœopathy in India:—

“The Homœopathic League of London is doing good work. Recently it issued the tract No. 50, treating of ‘Homœopathy

in India.' The pamphlet is divided in two parts. The first contains a History of Homœopathy in India, by Dr. P. C. Mazumdar, and the second gives the Reminiscences of an Old Homœopath in Calcutta.

"A book that deals with the origin and the spread of homœopathy in India is welcome indeed. But the league tract gives no sufficient information. Dr. Mazumdar writes some words about himself and his father-in-law, the late Dr. B. L. Bhaduri. The paper is more a homage paid by the son to the father than a contribution to the subject. It contains no reference to work done outside Calcutta, and even about the metropolitan sphere the writer shows meagre knowledge. Homœopathy has been introduced and is gradually being pushed forward against mighty odds. The introduction of a new faith based on positive science is a great phenomenon, especially in India, where medical science is based more on deduction than on induction. It is not only by ratiocination, but also by cures, where the other schools have failed, that homœopathy has gained a footing.

"I give some particulars, most of which are taken from Dr. Sircar's paper, published in the 'Transactions of the International Homœopathic Convention,' held at London in 1881. The first homœopath was Dr. Honigberger, who came to Lahore in 1839 to treat the famous Maharaja Runjeet Singh, and his book "*Thirty-five Years in the East*" was published in London in the year 1852, describing his experiences. In 1846, Surgeon Samuel Brooking, a retired medical officer, opened homœopathic hospitals at Tanjore and Pudocota, under the patronage of the respective rajahs. In 1851, a similar institution was opened at Calcutta by Dr. C. Fabre Tonnere, under the patronage of the honourable Sir John Hunter Littler, G. C. B., Deputy Governor of Bengal. In 1854, Mr. E. De Latour, Judge of Shahabad, treated many cases of cholera there, and converted his deputy Syed Zainuddin Hosein to the new creed. Two of his sons, Syed Hosein and Syed Ali Bilgrami hold important offices in the dominions of the Nizam of Hyderabad. About this period many civil and military officers in India used homœopathic medicines. Captain May, in Hastings, and Mr. Walter Duval, in Entaly, used to distribute free medicines to the poor. In 1861, Babu Rajinder Dutt, of the Wellington Square Dutt Family, took to the new science being converted by Dr. Tonnere. With Babu Rajinder, the relief of distress was a passion and a labour of love. His taste for medical charity was first created by his education, though short, in the Calcutta Medical College. He opened his outdoor dispensary first to distribute old school remedies, and since

his conversion homœopathic medicines were given free both to the rich and the poor. Dr. Berigay's advent in 1864 stirred Babu Rajinder to fresh conquests in the domain of the three different schools, the one European and the other two Indian, Kaviraji and Yunani. Great efforts were made to stifle the infant, but it could not be done, for the social position and influence of Babu Dutt. I may mention that Dr. Tonnerre was appointed health officer of Calcutta, by the influence of Sir Henry Sumner Maine, the then law member, whose medical attendant he was. While in the municipality he was not allowed to practise.

"Homœopathy gradually gained ground in other parts of India. In 1863, Babu Loke Nath Maitra, a disciple of Babu Rajinder, went to Benaras to practise, and in 1867, under the patronage of Mr. Ironside of the Civil Service, established a hospital. Two years after, a dispensary was opened at Allahabad and placed under the charge of Babu Preonath Bose, a cousin of Babu Rajinder. In another year, another hospital was started at Agra under Babu Gobind Chunder Roy. Babu Dutt was now the leading spirit in all homœopathic propaganda. Pundit Iswara Chandra Vidyasagar, Dr. Sambhu Chunder Mookerjee, Dr. Mahendra Lal Sircar, Dr. B. L. Bhaduri, Dr. Girish Chunder Dutt, Dr. Gopal Chunder Goswami, Dr. Gopal Chunder Lahiri were among his converts. In 1867 Dr. Leopold Salzer came to this country it is said from Alexandria, having graduated in the university of Vienna in 1859, and is still in our midst.

"The dominant school was growing bitter against the new, which was not yet firmly established. The conversion, in 1867, of Dr. Mahendra Lal Sircar gave it a fresh start. The old school denounced the new as the resort of amateurs. The accession of Dr. Sircar was a shock of earthquake to them. 'The supposed uncertainty in medicine'—his avowal of new faith—completely upset them. Dr. Sircar, being rudely treated, ceased to attend the meetings of the Bengal Branch of the British Medical Association, where the paper was read and of which society he was a Vice-President, and the society, too, did not long survive his secession.

"To defend the cause of homœopathy in the wordy warfare that ensued, Babu Rajinder Dutt invited Dr. Sambhu Chunder Mookerjee from his residence at Baranagore, a metropolitan suburb. The *Hindoo Patriot* thundered forth leaders from his pen. The other newspapers followed suit, not excepting the *Englishman*. It was a unanimous condemnation of the trade-union of the orthodox school. There was battle not only in the stronghold of the Goliaths but also outside it. Though the adversaries were a multitude, yet truth and

justice gained, for it was a fight with bullets from the brain. The situation was critical for Dr. Sircar. The dominant school deprived him of his only means of support for six months. Dr. Sircar, however, bore it bravely, for it was on occasion of the triumph of homœopathy of which he was the new standard-bearer. If he had been captured the battle would have ended in smoke. Capture him, they could not; the adversaries wanted a surrender. But he was not the man to surrender, even at discretion, as advised by Dr. Fayrer, his revered professor. Dr. Sircar could practise homœopathy, they had no objection, but he must not avow his faith. It was rather a surrender of the adversaries than of Dr. Sircar's. Had he not been fully conscious that this new truth was a heavenly light and ought to be revealed in its full luminosity, and he its new priest, he would have accepted the easy terms of his opponents and remained with them in the Sanhedrim of the Pedants. He had also to resist the persuasion of friends advising him to revert to the old school as a matter of cool calculation and policy. This difficulty of Dr. Sircar was somewhat smoothed down by encouragements from Babu Rajinder Dutt and Pandit Iswara Chandra Vidyasagar.

“Strong in the strength of his conscience and his cause, Dr. Sircar showed a bold front. An unskilful skirmisher would have shown his back to the enemy. Homœopathy had gained ground through the exertions of volunteers, but it was reserved for a regular to fight the decisive battle. Among the passed students of the Calcutta Medical College at that time, he was the most cultivated of them all, not only in science but also in the English language. For this reason, if not for any other, he was not a mean opponent and he could hold his own. A trial of strength with foreigners in their own language requires capacity, and hence an equal contest can bring respect from them. National literature should no doubt be improved, but, situated as we are, the cultivation of English literature is a necessity.

“An apparent calm followed the fight. The rage of the Old against the New school was visible only at the bedside of patients and in the private conversation of medical men. The reigning Philistines would not meet their reformed brothers. At this time *The Calcutta Journal of Medicine* was started. It commenced in 1868, and continues to this day with a brief intermission. *The Indian Homœopathic Review*, dating after 1876, is a liliputian aid to the cause of homœopathy in India.

“In 1878, homœopathy was again brought to the front, in the unsophisticated paladium of learning in the Calcutta University. Dr. Sircar was voted a place in the Faculty of Medi-

cine, after he had been eight years in the Faculty of Arts. There was no dissentient vote at this significant meeting, though the old school was represented. The weather was calm, but it was one before a storm. The ominous cloud formed and it was standing still. It required a trifling motion to destroy an existing structure. Dr. Charles, the President of the San-grads, moved like Cobra Bungaris to swallow one of his own species. *The Indian Medical Gazette* began to spread venom by its hissing. The Faculty of Medicine protested against the action of the Senate. Dr. Sircar, replied producing testimony in favour of homœopathy from the recognized old school authorities, as Hippocrates, Hufeland, Liston, Lauder Brunton, and others. The Senate met again and requested the faculty to reconsider their proposition with special reference to the letter of Dr. Sircar. They replied that they could not agree with him, for 'homœopathy is based upon principles and methods of enquiry which are diametrically opposed to what they believe to be the true principles and methods of sound, logical, inductive reasoning and careful thorough-going research.' The reply was nothing, only they avoided a definite issue by stilted phrases. They ought to have shown in what respect homœopathic proving falls short of the inductive logic.

"The Senate met to decide the question finally. It was an unsanguinary battle of freedom of thought against orthodoxy. Both sides were well represented. The first attack came from the orthodox rank. The party of progress replied. Dr. Rajendra Lala Mitra's peroration clearly pointed out the obstinacy of the old school. He said 'it rested with the meeting to decide whether the university should be known to the public and posterity as composed of representatives of those who condemned Galileo, or of educated Englishmen of the latter half of the 19th century; whether the Fellows should be the leaders of trade guilds and professional jealousy, or liberal patrons of science; whether they should be men ready to ratten those who did not fall into their ways, or upholders of perfect freedom of thought and action; whether they should be the administrators of a moral Lynch law, or the protectors of honest independent enquiry into the arcana of nature; and it was earnestly to be hoped that their decision should not disappoint the public.' The result of this conflict was a victory for homœopathy.

After this decision, the sinners were more sinful than before. They showed their worst intolerance. At first they were for mending matters by entreating Dr. Sircar to resign, but it was to no effect. Subsequently they all, excepting Dr. McLeod, the editor of the *Indian Medical Gazette*, ended their own existence in the Faculty of Medicine. To preserve

the faculty was impossible, unless Dr. Sircar resigned. At last he was obliged to withdraw.

The third collision was a trivial one. It was a puny spite put forth in a number of the *Indian Medical Gazette* of 1882, by the editor himself. It was a feeler. He had miscalculated the strength of his adversary, Dr. McLeod pelted a tiny brickbat and received a heavy stone in answer. He never showed himself again.

"The first hospital was opened in 1851 by Dr. Tonnere. In 1861, Babu Rajinder Dutt established his charitable dispensary at 1, Uckoor Dutt's Lane. It existed for a long time. Dr. Mahendra Lal Sircar opened an outdoor dispensary at his residence, No. 51, Sankaritola, in 1867, and it exists to this day. The average attendance of new patients is about 12,000 a year, besides the large number of the old. Since then other similar institutions have sprung up in different parts of the town. Sir Raja Saurindra Mohun Tagore's is one of them. In 1891, a hospital was opened principally by the efforts of Dr. Mazumdar, but it has a precarious existence.

"One Jelowitz, M.D., was practising homœopathy in Bombay. The Rev. Augustus Muller, a Roman Catholic Missionary, has his dispensary at Mangalore, Madras Presidency.

"Of homœopathic schools, the less said the better.

"Information respecting the past and the present state of homœopathy in the different parts of India is solicited.

"H. C. R. C.

"24, Mirzapore Lane, Calcutta."

HOMŒOPATHIC PROGRESS.

DR. T. B. KINLEY, of Denver, has been elected to the chair of Homœopathic Materia Medica and Therapeutics in the State University of Colorado.—*Med. Century*, Sept. 1, p. 406.

* * * * *

Montreal is building a new homœopathic hospital, which it is hoped will be finished this spring. When opened, Montreal will be able to "boast of the most completely equipped hospital in the Province of Quebec, and one able to stand proportionate comparison with any on the Continent. The present hospital reports the treatment, during the past year, of 150 cases with but one death—a record unparalleled in the hospital history of the Dominion of Canada."—*Ibid*, Dec. 1, p. 548.

* * * * *

The homœopathic profession of Germantown, Philadelphia, have organised and will soon open a new hospital, to be called

“St. Luke's Homœopathic Hospital,” which is intended to supply the needs of the profession of the northern part of the city of brotherly love, and of Germantown.—*Ibid*, p. 551.

* * * * *

Dr. Robert Swallow, a graduate of the Hahnemann Hospital College of San Francisco, writes from his old home, Ningpo, China, where for many years he has carried on missionary work, that the hospital which he established a few years ago has been full to overflowing during the past summer, and many patients have been refused admittance. He has just started, in connection with the hospital, a homœopathic college, in which he wishes to teach the intelligent Chinese the law of homœopathy.—*Pacific Coast Journal of Homœopathy*, Dec.

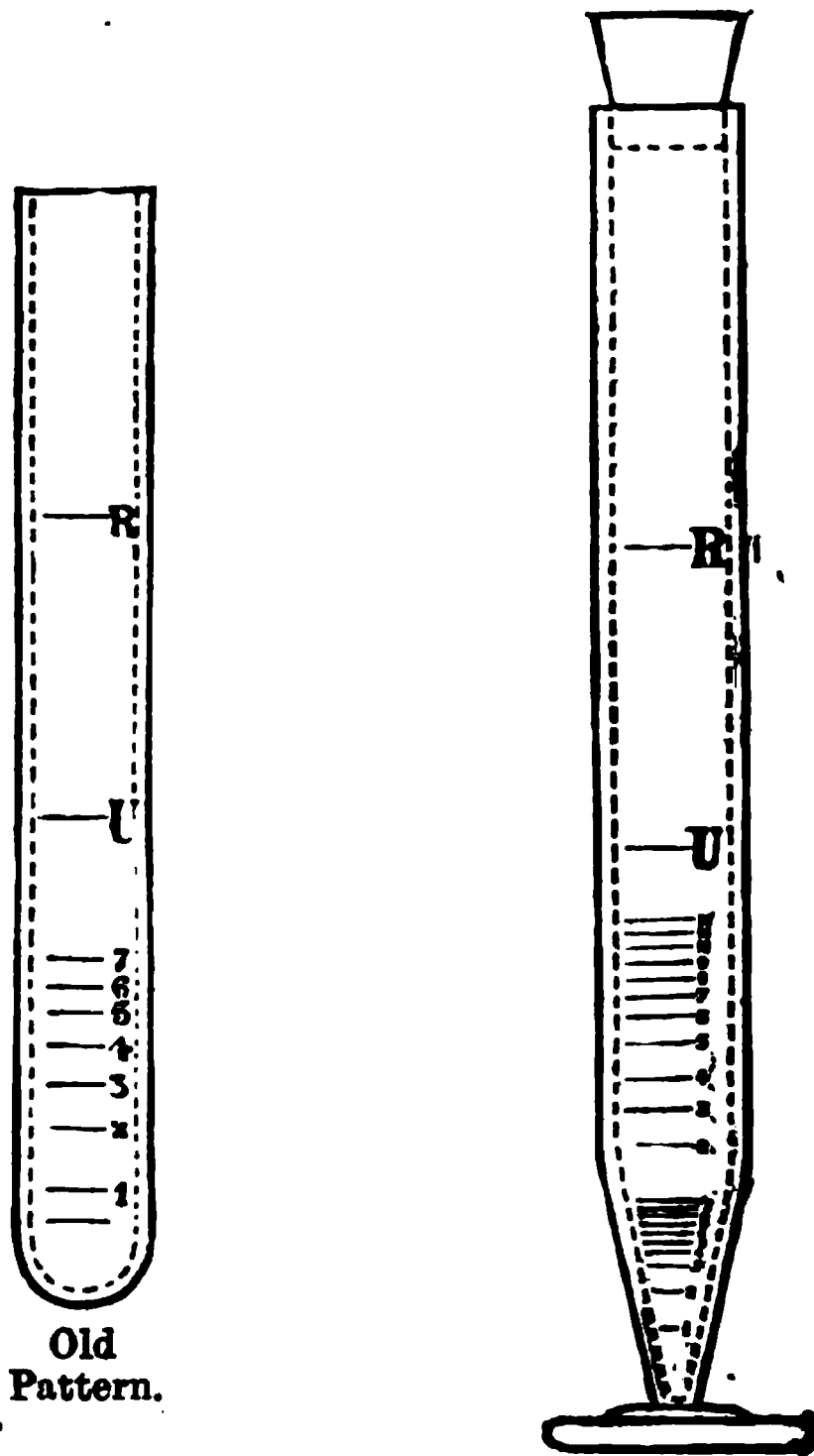
THE COMMISSION OF THE PEACE.

WE have heard with much pleasure that Mr. Cheverton, of Tunbridge Wells, who has been in business there as a homœopathic chemist for thirty years, has been placed on the Commission of the Peace for the borough. This we know is no political appointment, but is a well deserved recognition of long years of useful public work. For many years, Mr. Cheverton was a Town Commissioner, prior to the incorporation of the borough. On the institution of the County Council he was elected a Councillor. He has rendered much valuable service to the district as a Poor Law Guardian, and also as chairman of the Board. The personal respect in which Mr. Cheverton is held throughout the town, and the appreciation which is entertained for his public services, have led to his being heartily congratulated by his fellow-townsmen, and in this we desire to join.

DR. C. W. HAYWARD'S MODIFICATION OF ESBACH'S ALBUMINOMETER.

Messrs. SUMNER & Co., of Liverpool, have forwarded to us a specimen of this albuminometer, which was exhibited at the last Homœopathic Congress at Leeds. The base of the tube is made conical in shape. This modification renders accuracy in estimating finer shades of albuminuria certain. We have long been dissatisfied with the ordinary Esbach, an otherwise admirable little apparatus, on these grounds. The simplicity of estimating albumen quantitatively by means of Esbach's solution of picric acid, and Hayward's albuminometer is so great that it may with advantage be used on all

occasions, even where only a qualitative test is needed. The annexed diagrams show the old and the new patterns.



OPIUM IN HYPERIDROSIS.

DR. PRITCHARDS (*Hahnemannian Monthly*) points out the peculiarity of opium in checking all the secretions except that of the skin. He has used the drug "in the exhausting, long-lasting and distressing sweats of the critical, the uncertain stages of severe cases of infectious diseases, and notably of typhoid fever, when the patient, though not having reached a critical day, breaks out into long-lasting, profuse and depressing sweating, and when already weakened by his disease, possibly the loss of such excessive quantities of fluid may be the turning point for the worse. Then not only does the skin seem to throw off the toxins with the sweat, but these very toxins appear to cause a paralysis as it were of cutaneous circulation, that of the brain, and to affect either primarily or secondarily

the heart itself. Here opium will often completely control this ill-omened complication and tide the patient over to recovery."

A PALLIATIVE POSITION IN CONVULSIONS.

Dr. HAMMOND, of Baltimore, says that in convulsions of children to turn them upon the left side will cut short like magic the convulsion. This has been his experience for many years past. One case was remarkable, the child had been in convulsions continuously more or less severe for twenty-four hours. He made this change and the relief was immediate. Epileptics, he treats in the same way and they are *always* as promptly relieved.—*Southern Journal of Homœopathy*.

CORRESPONDENCE.

THE RANGE OF THE LAW OF SIMILARS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I must still resist the temptation to join in the general discussion which Dr. Percy Wilde has so ably opened. I hope that others will take it up. In justice to myself, however, I must say a few words on what he thinks my "unfortunate examples" of dynamic action on the part of drugs which, being topical only, does not fall under the law of similars. It seems to me that he could only justify his epithet by showing that arnica is locally homœopathic to bruises and calendula to wounds, even as nitrate of silver (which I of course only took as typical of a class) is to superficial inflammations. Instead of doing this, he adduces considerations to prove that these two drugs have no action at all on the conditions for which they are used, and that the applications containing them owe their efficacy rather to the warmth or moisture they convey to the affected part. But this is to propound a novel issue. Until the inertness of the drugs in question has been proved (say by comparative experiment with medicated and non-medicated applications), I am surely warranted in assuming the truth of the general impression of their effectiveness. I am bound to note the exception they form to the general rule that the curative employment of the dynamic actions of medicines obeys the law of similars.

I am, Gentlemen,

Yours very faithfully,

RICHARD HUGHES.

Brighton, March 14th, 1896.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—My personal experience of former International Congresses, leads me to anticipate a time similarly profitable and pleasurable for all who testify their devotion to homœopathy by taking part therein. It is necessary to the cause, as it is desirable in our own individual interests, that we should meet, confer, and exchange experiences with our energetic brethren, American, European and Indian.

More than this, the existence of such a gathering cannot but give a decided impulse to our public position in this country, and I wish strongly to urge on all good homœopaths the necessity of lending their personal activities to make the Congress more successful than ever before. Our public demonstrations are all too few, and we sadly lack sufficient opportunities for taking the position we ought to take in public professional matters in this country. Here is an excellent opportunity for demonstrating our number and our solidarity, and every man who affiliates himself with the Congress will be in a definite way, alike a contributory to, and a recipient of, the status it can confer.

At this juncture in the history of British homœopathy it is eminently fitting that, with the opening of a new hospital fresh in the public mind, we should have in London an International Congress; and it is not too much to say that the character of the ensuing Congress will greatly influence the future of British homœopathy amongst us.

No doubt the recent alteration of date of the Congress from July to August will greatly inconvenience many of our colleagues, as it will upset plans which I had made in another direction, but the alteration was inevitable in order to meet the possibilities of our Trans-atlantic brethren being present. Notwithstanding, however, the inconvenience to some which I have alluded to, I sincerely hope and trust that every homœopathic practitioner in the British Isles will consider it his duty and interest to spare himself no effort to make, as far as in him lies, the ensuing Congress a truly unique success.

Believe me,

Yours faithfully,

A. C. CLIFTON, M.D.

Northampton, March, 1896.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY**.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance : **MEDICAL**, In-patients, 9.30 ; Out-patients, 2.0, daily ; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0 ; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Thursdays, 2.0 ; Diseases of the Throat and Ear, Wednesdays, 2.0 ; Diseases of Children, Mondays and Thursdays, 9 A.M. ; Operations, Tuesdays, 2.30 ; Dental Cases, Thursdays, 9 A.M.

CORRIGENDA.—On page 143, 14th line from bottom, for "*Arzneimittellehre*" read "*Arzneimittellehre*." On page 150, last line, for "*reduced*" read "*induced*."

Communications have been received from **Dr. EPPS**, **Mr. CROSS**, **Dr. BURFORD**, **Dr. DAY**, **Dr. MUNSTER**, **Mr. WYBORN** (London) ; **Mr. KNOX SHAW**, **Dr. HUGHES** (Brighton) ; **Dr. OLIFTON** (Northampton) ; **Dr. MAJUMDAR** (Calcutta) ; **Mr. LIDDIARD** (St. Leonards).

BOOKS RECEIVED.

Albuminuria in its Relation to Life Assurance. By **O. W. Hayward**, M.D., D.P.H. London : Gould & Son, Moorgate Street, E.C.—*The Medical Annual and Practitioner's Index.* Fourteenth year, 1896. Bristol : John Wright & Co.—*Dairy Milk.* First edition. Charles Henry Leet.—*A Homœopathic Text-book of Surgery.* Edited by **Chas. E. Fisher**, M.D., Chicago, and **T. L. MacDonald**, M.D., Washington. Medical Century Company, Chicago. 1896.—*The Homœopathic World.* March. London.—*The Chemist and Druggist.* March. London.—*Food and Sanitation.* March. London.—*The Cyclist.* March.—*The Calcutta Journal of Medicine.* January.—*Reis and Rayet. (Prince and Peasant).* Calcutta. February 15.—*Indian Homœopathic Review.* December, 1895.—*The International Medicine.* March. Paris.—*The North American Journal of Homœopathy.* March. New York.—*The Homœopathic Eye, Ear and Throat Journal.* March. New York.—*The New York Medical Times.* March.—*The American School Board Journal.* May, 1895. New York.—*The Medical Century.* February 1 and 15, and March. New York and Chicago.—*The Chironian.* February 15 and 29. New York.—*The New England Medical Gazette.*—February. Boston.—*The Hahnemannian Monthly.* March. Philadelphia.—*The Homœopathic Recorder.* February. Philadelphia.—*The Southern Journal of Homœopathy.* February. Baltimore.—*The Homœopathic Envoy.* March. Lancaster, Pennsylvania.—*The Medical Argus.* February. Minneapolis.—*Revue Homœopathique Belge.* January. Brussels.—*Archiv für Homœopathie.* February. Dresden.—*Populäre Zeitschrift für Homœopathie.* March. Leipzig.—*Homœopathisch Maandblad.* March. The Hague.—*Rivista Homœopatica.* December, 1895. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire ; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W. ; or to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS.

WE are within three months of the assembling, in London, of the fifth quinquennial International Homœopathic Congress, and we have reason for believing that the number of those present, the quality of the papers promised, and the character of the discussions they are likely to excite, are guarantee of a thoroughly successful meeting; successful alike in the pleasure it will afford, and in the advantages that will arise from the exchange of thought and experience for which the meeting of so many medical men from various parts will afford the opportunity. While a considerable amount of important work, in order to ensure that the success of, and interest to be derived from, the gathering of 1896, remains to be completed, we think that some account of the organisation of the Congress may be interesting to our readers.

The last Congress of the International type was held in Atlantic City, N.J., in 1891. On the closing day of the meeting, Dr. VON VILLERS, of Dresden, Dr. A. FISHER, of Montreal, Dr. C. FISHER, of San Antonio, Texas, Dr. TALBOT, of Boston, and Dr. HUGHES, of Brighton, were appointed a committee on the fifth International

Homœopathic Convention. They met and reported during the afternoon of the same day, recommending that the next Convention be held in England, and that the exact date and place of meeting should be left to the discretion of the homœopathic physicians of that country. This report was accepted, and its recommendations were unanimously adopted. During the afternoon the committee on resolutions presented eight resolutions on various points which they recommended the Congress to adopt. One of these was the following: "That the thanks of the Congress are due, and are hereby tendered to Dr. RICHARD HUGHES, our Permanent Secretary, for his constant and efficient services in the interest of our quinquennial meetings."

This was the first step in organising the Congress of 1896. The next was taken at the meeting of the British Homœopathic Congress, held in London on the 9th of July, 1891, when Dr. HUGHES announced the decision of the Congress held in Atlantic City, that the one due in 1896 should take place in London. He then proposed, and Dr. DYCE BROWN seconded, the appointment of a committee to consider the arrangements; this was carried, and Drs. DUDGEON, POPE, HAYWARD and CLIFTON were unanimously requested to constitute, with the Permanent Secretary, the Committee.

This Committee held their first meeting June 27th, 1894, discussed a series of recommendations, and drafted a circular letter to be printed and sent to all editors of journals, secretaries of societies and deans of colleges throughout the homœopathic world, soliciting their interest and co-operation. This report was submitted to the British Homœopathic Congress on the following day, when, on the motion of Dr. GOLDSBROUGH, seconded by Dr. DYCE BROWN, the recommendations and circular letter were unanimously adopted; while, on the motion of Dr. GIBBS BLAKE and Dr. MADDEN, the Committee was reappointed with, at the suggestion of Mr. KNOX SHAW, the addition of the President of the British Homœopathic Society for the time being. These recommendations, together with the circular letter, will be found in the *Homœopathic Review*, vol. xxxviii., p. 495 (August, 1894). During the next three months the circular was posted, as directed in the fourteenth recommendation, and printed in all homœopathic periodicals.

In the June (1895) number of this *Review* a letter from Dr. HUGHES was published stating that up to the 23rd of May not a single response to this circular had reached him; and that, in the absence of volunteer contributors, he had been driven to take private steps to secure essays for discussion. At another meeting of the Committee held on the 26th of June, 1895, the permanent Secretary reported that one, and only one, offer of a paper had come from the United States of America, he was accordingly instructed to invite contributions from individual physicians in that country. The Committee again met on the evening of the 18th of September at the Great Northern Hotel, Leeds. They then learned that the American Institute of Homœopathy had, at their meeting at Newport, appointed "a committee of arrangements for the International Congress." The PRESIDENT of the Institute (Dr. C. E. FISHER) in his address had recommended the Institute to appoint such a committee to arrange transportation and business details in relation to the subject. He also expressed a wish to see "such special action taken as shall serve to awaken the profession of the United States to the desirability of attending the London Congress in large numbers." Of this Committee, the chairman was Dr. T. F. ALLEN, the secretary Dr. DEWEY, the ordinary members DRs. KINNE, PORTER, ALDRICH, BAILEY and H. M. PAINE. This Committee, the Permanent Secretary informed the executive committee at Leeds, had offered to collect essays from American physicians. This offer was most cordially accepted. The promise of other essays was reported by him. Further recommendations were proposed and discussed as to the date and place of meeting, and the subjects for discussion on each day. These were embodied in a report which on the following day was submitted to the British Homœopathic Congress for discussion. On the same occasion the executive officers of the Congress were appointed, all honorary appointments, save one, being left, as they were in 1881, to the choice of the members assembled at the International Congress. The Permanent Secretary was instructed to issue a circular to British practitioners, soliciting subscriptions to defray the expenses of the Congress. Two local secretaries, it may be mentioned, were appointed, one to conduct the business in London,

Mr. DUDLEY WRIGHT, of 22, Queen Anne Street, Cavendish Square, W., and Dr. HAWKES, of 22, Abercromby Square, Liverpool, who was specially selected in order that he might welcome American visitors arriving in Liverpool. The Permanent Secretary undertook to act as General Secretary for the Congress.

The next meeting of the Committee and officers was held on the 18th of December, when the Permanent Secretary reported a list of papers; the Queen's Hall was determined on as the place of meeting, and other matters of detail were settled. It was also agreed that, after waiting a reasonable time for a communication from the American Committee, a preliminary announcement should be issued by the Permanent Secretary. This was drawn up during the last week in January, submitted to the President, approved of by a meeting of the Committee on the 6th of February, and circulated forthwith. At this meeting other general arrangements were agreed upon.

A special meeting was called on the 22nd of February to consider an American proposal for the alteration of the date of the Congress. The Committee were informed by our American colleagues, that all steamship accommodation was engaged until the middle of July, and that none would be available for them until after that time; they therefore urged the Committee to postpone the meeting from a fortnight to a month. Accordingly, taking the convenience of the British practitioners into consideration to some extent—and hoping that the alteration of date would not inconvenience their Continental brethren, the date was altered from the 13th of July to the 3rd of August—a period of three weeks.

At the last meeting of the Committee and officers (April 9th) the following circular was determined upon, and as it comprises (with the reading of correspondence) the whole of the business transacted (except the appointment of a sub-committee, consisting of Dr. DYCE BROWN, Dr. GALLEY BLACKLEY, and Mr. DUDLEY WRIGHT, to obtain papers from British practitioners), any further detail is unnecessary.

“INTERNATIONAL HOMŒOPATHIC CONGRESS.

“August 3rd to 8th, 1896.

“In consequence of the demand for a hearing at this Assembly, it has been determined that the forenoons, hitherto

destined for extemporised and informal gatherings, shall be utilised for 'overflow meetings,' to be held under the rules and officers of the Congress. They will be devoted to the further discussion of the subjects of the preceding afternoon, or to the handling of fresh subjects of the same order.

"As a good deal more time will thus be made available, the officers can abandon the limitations under which, in their 'Preliminary Announcement,' they invited further communications. They will now welcome such, not only 'on the topics hitherto specified, and on those which will be later announced as chosen by the American Committee,' but upon any subject which may be selected by the essayist. They would add, moreover, that even should the additional time prove insufficient for a discussion of all the papers they may receive, these—if accepted—will be read by title at the meeting, and be printed in the Transactions.

"All American contributions should be sent to Dr. DEWEY, 170, West 54th Street, New York, the Secretary of the Committee appointed at the last meeting of the American Institute of Homœopathy for furthering the interests of the Congress from that side of the water. Contributions from other countries should be addressed to the General Secretary of the Congress, Dr. HUGHES, Brighton, England."

From this recital of plain unvarnished facts we think that it will be apparent to all that in making arrangements for the Congress the Committee have done all that they could do. That they have been disappointed in the amount of support they have received is true enough. The fact that their appeal for contributions to the proceedings remained without a response from September, 1894, to May, 1895, was disappointing, and that only one was received within a month later was not very encouraging. Again, a certain amount of adverse criticism to the work of the Committee has been indulged in which, were it not the obvious result of misapprehension and misunderstanding we should not hesitate to describe as having been captious and carping.

The object of such a Congress is to procure as many expressions of opinion on medical questions, the result of observation and experience, from as great a variety of thinkers and practitioners the world over as possible. Hence the chief aim of the meeting is not to hear essays read but to learn the views, grown of experience, of as many of the practitioners as we can gather. To this end it is that time is not to be consumed in listening to

papers, but in the discussion of subjects of importance. The paper offered is the text, and will be presented to the meeting, by the PRESIDENT, in the form of a précis. A printed copy of the paper itself will be furnished to the gentleman appointed by the committee to open the debate, and to those who may desire to take part in the discussion of the question to which it relates. This was the plan pursued at the 1881 meeting and is, we think, one incomparably more useful and more fruitful of practical advantage than the reading of essays, either in whole or in part, and the discussion of them by those who have merely listened to the reading of them. The other method results in the collection and subsequent publication, it is true, of a much larger number of papers, but it has the disadvantage of precluding anything approaching thorough discussion, of drawing out the opinions of but few of those present. At any rate, nothing could have been more interesting than the discussions in London in 1881, and at Basle in 1886. To carry out this plan, it is necessary that all the papers to be presented should be in the hands of the Permanent Secretary at a much earlier period than when a collection of essays merely is the object aimed at. The date fixed for their reception was the 1st of January last! Many have still to come, and it is important that they should be sent without any further delay, not only for the convenience of the Congress Committee in concluding their arrangements, in appointing gentlemen to open the discussions, and providing those who wish to speak with copies of the papers upon which they will have to express their views, but to prevent disappointment to the authors of essays. To hand in an essay on the opening day of the Congress, and expect it to be discussed is unreasonable, to make its non-reception a grievance is still more so.

Another difficulty, and one we deeply regret, that the Committee have been confronted with, has come from the failure—so far at any rate—of the American Committee to render us the aid they had promised. The Committee were led to expect that they would have sent a Report of the progress of Homœopathy in the United States during the last five years, an Essay on some point in Clinical Medicine, and two others on

Surgical and Gynæcological therapeutics. Up to the date of going to press, these promises have not been fulfilled. We hope that they may be so yet, but, with the meeting to take place in three months the Committee cannot rest in hope much longer. A report on the progress of homœopathy in the United States we *must* have, even if the Committee is compelled to request a "Britisher" to compile it. The time and space allotted to the three other essays can more easily be filled up. But we do most earnestly trust that our colleagues in New York will, to use their own characteristic and expressive phrase, "hurry up and hustle." We are the more anxious that they should do so, as, from the latest information we have had, it would appear that we shall have the pleasure of welcoming a considerable number of our American brethren. *The North American Journal of Homœopathy*, for April, contains a letter from Dr. DEWEY, the Secretary of the Committee appointed at the meeting of the American Institute of Homœopathy last year, detailing most complete arrangements with the White Star and the Dominion lines of steamers to convey visitors to the Congress. While, in the *Hahnemannian Monthly* for April, the following announcement is made which will, we hope, prove an additional attraction to our American colleagues to attend the Congress:—

"Programme of proposed excursions and tours from London arranged by Howard S. Paine, A.M., M.D., Glen Falls, N.Y. Dr. Paine for many years has been successfully conducting tours through Europe, and the committee on arrangements of the World's Homœopathic Congress, feeling that the pleasure of the members and friends in attendance at the Congress would be greatly enhanced by a series of special tours to important localities, requested Dr. Paine to supply reliable and definite information, outlining the principal excursions that can be easily enjoyed. In response Dr. and Mrs. Paine have arranged to personally conduct parties through Europe, and have issued this prospectus giving the various tours. We would advise any one wishing to get the utmost out of a short stay in Europe to communicate with Dr. Paine, join his party, and take advantage of his knowledge and experience as a guide. One so doing will save time, money, physical wear and tear, and see three times as much and have a very much better time in general."

We cannot conclude this short account of the efforts of the Committee, without acknowledging the valuable

services of Dr. HUGHES in carrying out their instructions ; services, which, to use the words of the American resolution of 1891 in thanking him, have indeed been "constant and efficient." We trust that similar Committees in the future will have the advantage of his readily given help and experience in arranging these quinquennial gatherings.

At a later period, when the plans of the Committee determined on at their meeting on the 9th ult., and set forth in the circular that we have quoted, have been completed, a definite and final programme will be issued. Then we feel sure that those most anxious for a rich and ample "feast of reason" will be abundantly satisfied. This, together with the pleasure of meeting with colleagues from France, Belgium, Germany, Italy, Russia, America and, we hope, India, will render the 1896 Congress one to be remembered, in the years to come, as the most successful from every point of view that has ever taken place among the homœopathically practising members of the medical profession, one worthy of the year 1896—the centenary of Homœopathy !

CHRONIC MITRAL DISEASE, CURABLE AND INCURABLE.*

By A. M. CASH, M.D., TORQUAY.

RECENT times have so far modified old views on diseases of the heart that far more hopeful and cheerful anticipations may influence the prognosis than was the case in bygone days. The term "Heart disease" once used, meant at one time for the patient a certain anticipation of sudden death which treatment was confessedly inadequate to delay and for the medical attendant a condition in his patient which it was hopeless to endeavour to combat. A discriminating study of the various diseases to which the heart valves are liable has led however to the discovery that in a large class a cure may be confidently predicted if the patient will conscientiously follow out the necessary medical directions.

* Read before the West of England Therapeutical Society at Clifton, April 8th, 1896.

What do we understand by valve disease then ?

True valve disease would be something affecting only the membranous curtains which guard the orifices of the various chambers of the heart, but the term is constantly applied not only to disease of the curtains but of the orifices themselves. The curtains or cusps may be—and often are—entirely healthy in size and texture, but if the orifices which they guard are altered in size we get by murmurs and other symptoms, a picture of valvular disease as complete in its appearance as if the valve curtains themselves were affected.

When the muscular walls of the heart are insufficiently nourished by an inadequate blood supply as in anæmia or when the blood is poor in quality as in chlorosis or spanæmia, or laden with metabolic products which poison it and rob it of its vital supplying properties as in rheumatic, scarlet and typhoid fevers, then the walls become enfeebled and dilate before the pressure of the blood in the chambers and the muscular fibres degenerate and become fibroid or fatty if this process of heart starvation is carried to a still further point. Now it is just in such cases that the physician has means in his power which are potent for good and which used in reasonable time will rehabilitate the heart and practically cure the patient.

First and foremost is *rest*. Put the chlorotic girl in bed and keep her there for some days (or weeks) so diminishing the work her heart has to do and the œdema of feet will subside, the dyspnœa quiet down, the basal hæmic murmur and cervical hum disappear or markedly lessen. Thus rest powerfully reinforces all other appropriate treatment, whereas without it many bad cases of heart weakness and dilatation cannot be satisfactorily dealt with. *Iron* is undoubtedly the most useful drug in the majority of these cases and when the catamenia have failed through the poverty of the system regular menstruation returns when the normal richness of the blood is restored. Doubtless the dose of any ferruginous preparation must be carefully adapted to the case. All have not equal iron absorbing power. Benefit will most often be found to lie nearest the medium dose. Dilutions being often ineffective and unequal to restoring the blood to the needs of the organism. On the other hand, there is no doubt that the

doses of iron commonly administered are often much too large, upsetting the digestion and aggravating the anæmia; for instance, I recently saw a young woman made decidedly worse who had had two Blaud's pills prescribed for her three times a day, the dyspnoea and pallor having increased. The number of the pills was reduced to two a day, one after breakfast and one after dinner, and the improvement in a week was as marked as the loss had been in the week before. A favourite preparation of mine for administering iron is by the bipalatinoid of Messrs. Oppenheimer, which contains one grain of the sulphate of iron and half a grain of carbonate of soda in dry powder. The capsule dissolves in the stomach and liberates the small dose of fresh carbonate of iron salt to be taken up by the gastric mucous membrane and absorbed into the blood. One or two a day of these taken after food feeds the weak and dilated cardiac muscle, the area of dulness decreases, and the murmurs lessen and disappear as the orifices, again adjusted to the normal size, are controlled by their respective valves. Pyrophosphate of iron 1x gtt. III. ter die has done good service to such cases.

Some years ago I was sent for hurriedly to a girl who had fainted. I had seen the low condition she was drifting into for some time and had warned her parents but they could not believe that much was the matter till the collapse came, I now found her thoroughly exsanguine with murmurs over the heart and a loud bruit at the base whose maximum intensity was in the pulmonary area. She was reduced so low that she could not sit up without fainting. I kept her entirely recumbent for some weeks, regulated the secondary dyspepsia with pulsatilla, gave her digitalis, arsen. 3x and later on a course 1x pyrophosphate of iron. Her colour and strength returned and the murmur lessened. Six weeks later I made the following note, "She walked up to my house, the heart working well, no bruit to be heard now and only in the pulmonary region and over the left auricular appendix is there the faintest uncertainty in the sounds."

This point, namely the murmur, being the last to disappear over the left auricular appendix, supports George Balfour, who, following Nannyn, contends that

"In chlorosis in which all those circumstances to which I may now comprehensively refer under the head of Cardiac dilatation as consecutive to spanæmia exist only in the very slightest degree, this pulmonary or rather auricular murmur is often—so often as to constitute it almost invariably—the sole sign of mitral regurgitation in such case, and that, therefore, while we accept its position of maximum intensity as a clear indication of the mitral origin of the murmur we must also acknowledge the propagation upwards into the auricle of the mitral murmur in the absence of any great or well marked auricular dilation as an unmistakable proof that there is something in the physical constituents of the murmur . . . which makes it physically more capable of propagation in the direction of the appendix auriculi than downwards to the cardiac apex, and in this the relative densities of the auricular and ventricular walls and their relative tension must play no unimportant part." ("Diseases of the Heart." Page 162.)

Before leaving this kind of case I should like to refer to another type of the class, namely, that where the chlorotic condition responsible for the dilatation of the heart and production of mitral-systolic disease is itself due to auto-poisoning from *retention* of *scyballæ* in the large bowel and reabsorption of poisonous matter therefrom. The late Sir Andrew Clarke forcibly dwelt upon the serious nature of these cases in the *British Medical Journal* a few years ago. He pointed out that to give iron was useless, and would even tend to increase the evil. The treatment should be by thorough and drastic purging till the whole alvine tube was cleared of its noxious contents.

Now it comes forcibly to my mind that though bearing upon its surface a certain reasonableness, we must beware lest—following the advice of a father in Israel—in curing the disease we do not kill the patient. Many of these girls already are in so reduced a state when they come under treatment that any such vigorous measures as are here referred to might well be the last feather to break the camel's back. And, fortunately, under a milder regime it is possible for the clearance to take place while the suitable homœopathic remedy is being given.

A. C., a young housemaid, taken ill November 14th. I saw her two days later, and found her broken down with the usual signs of chlorosis. She was of a very costive habit, and would go days without relief unless she took a pill. She had been vomiting a green gritty stuff—so described to me—it had been removed before my visit.

Her heart was beating like a sledge hammer; loud, basal and cervical bruits heard on auscultation. Her face was puffy and the sclerotics blue. She was very sick for some days, and at first vomited blood—a quantity of red clots—then black fæces passed. She was kept in bed and given ipecac. ϕ , and ordered to be kept perfectly quiet, for she was very low, and to get small quantities of milk repeated as she could bear it. In two days the ipecac. was changed to argent. nit. 6x, and as the sickness allowed of it more solid food was given. The bowels got into a better way; the breath improved and her colour returned—a ghastly pallor being replaced by the hue of health. After a course of nux and ferr. sulph. she had quite regained her usual health in 6 weeks. Retention of fæcal matter was largely responsible here for the chlorosis, and this in its turn not only for heart dilatation and valvular incompetency but also for gastric ulcer. Thus the constipation may lead to far-reaching results, bringing steadily about a condition of things in which life even is threatened. Besides the chlorosis, with secondary heart trouble resulting from the intestinal absorption of fæcal poison, it is found unquestionably to be developed in a high degree from another source; I allude to the evil condition of mouth from neglect of the teeth, to which many young women are prone. To a chronic *pyorrhœa alveolaris* due to diseased stumps and inflamed and suppurating gums, many a severe case of chlorosis is traceable, and will defy all the efforts of the physician until radical treatment of the mouth has removed what is otherwise an insurmountable obstacle to a return of health.

So far, then, we have considered the curable cases of valvular disease, and it falls now to turn to the incurable cases and their effects upon the system at large. The process of inflammation brought about by many causes is the process by which, as a rule, incurable valvular disease of the heart is incurred. Acute and chronic valvu-

litis then are the diseases now to be considered. Now the conditions we have had before us so far, and under which curable valvular diseases range themselves, are all of a character to produce incompetence in the valves, or as it is termed regurgitant heart disease.

But under the term valvulitis, which when established means *incurable* heart disease, we have to do both with regurgitant disease or incompetency, and with obstructive disease or *stenosis*. Acute valvulitis is commonly the endocarditis of acute rheumatism, and would in the life history of disease naturally fall under acute endocarditis as most usually met with in rheumatic fever.

For this reason I do not propose to take up this branch of the subject, but rather to study its effects as seen in chronic endocarditis of the heart valves, which, spoken of collectively, passes as the disease *valvulitis*. The importance therefore of checking endocarditis becomes apparent as we see therein the frequent commencement of lesions of the valves of the heart. Once established, these lesions are, as a rule, irremediable. It is only by combating the tendency to the acute inflammation of the lining membrane of the heart (as in rheumatic and other fevers) or in successfully treating it when established before the valves have become permanently injured, that chronic valve disease can be averted.

Chronic valvulitis met with as an established disease is serious in proportion to the valves affected and to the disturbance caused to the general circulation, and its effects on the various organs of the body. It is a well known fact that the valves on the left side of the heart are much more obnoxious to primary lesions than those on the right: which has been explained by the fact that they are more liable to shock and irritation from the more energetic and violent action of the walls on that side. In judging of the unsoundness or soundness of a given valve the presence or absence of a murmur would, on the whole, count for most. Not that this can be entirely relied on, and authorities differ as to the amount of weight to be attached to it. George Balfour would have us consider murmurs amongst the signs of cardiac disease as of least value. Da Costa doubts whether the sounds of the heart are ever normal where the valves are diseased. He considers that though there be no bruit severe alterations of heart sounds

must exist. Walsh also minimises the value of murmurs in estimating the injuries to a valve, and emphasises the fact that loud sound is not in proportion to impairment; that, in fact, often a low weak murmur is a much more ominous sign than a loud full one. This lowness may be due to the poor and weak state of the heart walls, hence the danger to life. We see this come out under the exhibition of digitalis, which, as it tones and regulates the heart muscle, causes the murmur to become louder as the patient becomes stronger. The chief use of the cardiac murmur, as a sign, is to enable us to locate the valve or valves which suffer, but to judge of the extent of the mischief we must look to other symptoms.

When no other signs exist, evidence from a murmur alone needs to be received with caution.

A relative of my own was put to considerable anxiety and some expense some years ago. He was being examined for life insurance by a Professor of a Scotch university, who discovered that he had a cardiac valvular murmur and rejected him. He then saw two prominent London consultants. The first, Doctor A., said he had an undoubted aortic regurgitant murmur which disappeared on lying down, and sent him on to Dr. B. This gentleman diagnosed the murmur as exo-cardiac, probably due to some growth on the pericardium near the origin of the aorta. In a very miserable and depressed state—and little wonder—at the apparent desperateness of his case, he came down to Devonshire, having relinquished a projected tour in Switzerland, for which by this time he felt physically and mentally unequal. He was of course under severe restrictions of all sorts, and naturally afraid to do anything or go anywhere. He had been for some time in a low state of health, had had a carbuncle, and got quite anæmic. I examined him on several occasions, found the murmur was not always present, and knowing the temperament of the patient felt doubts as to the serious diagnosis that had been given.

Dr. Nield kindly came over in consultation, and agreed with me that the case was probably a neurosis of the heart, due to debility and overwork, and likely to be temporary only. Happily this view proved correct. Now, 16 years later, the murmur has long departed—

has not, in fact, been heard for years—and with no added symptoms of heart disease my friend has been able to follow his business and lead an active and useful life.

Mitral Obstruction.

In his clinical lectures on diseases of the heart, George Balfour says that “no murmur, except the auricular systolic, or so-called *pre-systolic* murmur, can ever be accepted as a definite sign of actual cardiac disease.” And later on he speaks of this murmur as “one which is so invariably associated with disease of the mitral valve that when once heard it may be conclusively accepted as a distinct proof of the existence of permanent deformity, even though the murmur itself should subsequently disappear, as it frequently does. This murmur, distinctive when heard of stenosis of the mitral valve, is rough and vibratory and runs up to the first sound. It is heard loudest in the mitral area and is not so apt to be propagated towards the left axilla as is the murmur of mitral incompetency. Of course these two conditions, viz., obstruction and regurgitation, are very often met with in the same case when a combination of the two murmurs is also commonly to be found. The purring tremor or “*frémissement cataire*” is a diagnostic point of importance, and when met with, as it frequently is along with the murmur, makes the condition abundantly evident. The condition of the mitral valve is one like a diaphragm, the two segments being more or less glued together causing an obstruction to the entrance of blood into the left ventricle, dilatation of the left auricle results, and congestion of the lungs with liability to pulmonary apoplexy.

From this cause it is evident that those symptoms met with commonly in mitral stenosis arise, namely, accentuated second sound in the pulmonary area, sometimes re-duplication of this sound, pulmonary apoplexy and hæmoptysis. Dr. Sansom states that stenosis of the mitral valve results usually from mild attacks of rheumatism, apart from joint lesions, unlike mitral regurgitation, which is generally subsequent to severe rheumatic fever. Young girls, as stated by Byrom Bramwell, are three times more liable between 11 and 15 to attacks of rheumatism than are boys of the same age, and as the endocarditis of early life is more likely to eventuate in mitral stenosis than that of adults, so we

find as a result that mitral stenosis is most frequent in young females. The affection proves very fatal to these unfortunate patients in the next few years, which with them often coincide with those of early married life. The strain on the system made by pregnancy and parturition soon ruptures the compensation which had been established, and they early die with all the evidences of dilated right heart and obstruction of the venous circulation.

Case of Mitral Obstruction.

Miss C., aged about 38, came under care December 24th, 1892, with a sharp attack of muscular rheumatism, affecting at first the muscles about the neck and shoulders; she was recovering from this when endocarditis followed. There was severe pain about the heart, she was afraid to breathe deep and had a suffocative feeling in the chest. A purring thrill could be felt by the hand in the neighbourhood of the apex beat, and a pre-systolic murmur developed which was harsh and grinding in character. Hot linseed and mustard poultices were applied to the heart, and aconite 1x and spigelia 1x were given alternately every hour. In a week it was noted that the murmur had become less harsh, she was better generally, and had been able to be on a couch part of the day; naja 6x and bry. 3x alternately every two hours. She was able before the middle of February to return to Dartmouth to attend to her school, and came over at intervals to see me. The murmur remained distinct, its character the same, grinding and harsh, loudest in the mitral area running up to the first sound, and to be traced round the left side to the back, where it was heard at the lower angle of the left scapula. The myalgic pain was very persistent, and required at intervals macrotin, arnica and ranunculus bulbosus.

I saw her and examined her in March, 1896, that is 3 years after the initial attack. The thrill and rub were still distinct and to be traced round left side to back; some dilatation of the right ventricle, as evidenced by slight epigastric pulsation; pulse small, 96. She can walk slowly uphill without being breathless; she is still liable to rheumatic pain about the neck and shoulders at times, and needs to take care of herself. Meanwhile she has recovered with a stenosed mitral

valve and may go on with care for some time, but the prognosis is of course serious as to life expectancy.

Mitral Regurgitation,

The commonest of all valve lesions, and has usually a murmur heard loudest with the heart's systole at apex beat, and propagated towards left axilla. A moderate amount of regurgitation is not incompatible with a fairly vigorous life. As long as the heart muscle is sound and hypertrophy of the walls of the left auricle and ventricle occurs just in sufficient degree to antagonise and prevent back pressure into the lungs, a perfect compensation is established and the balance of the circulation is maintained. Many and various, however, are the causes which tend to disturb this balance of the circulation, and as soon as this is the case congestion of the pulmonary vessels occurs, and we get an accentuated second pulmonary sound from the increased tension in the artery. The right ventricle, next in order, becomes affected, dilatation and hypertrophy occur, then incompetence of the tricuspid valve—this valve being the last barrier the heart has to interpose before the systemic venous circulation is reached. Then the baleful effects of the back pressure fall upon the viscera generally. The liver becomes first enlarged then later contracted and cirrhotic. The spleen enlarges and may be apoplectic. The kidneys become congested and albumen usually in small quantities often appears in the urine. The stomach also suffers and a chronic catarrhal gastritis is set up. The lungs suffer first and most severely, and in the early stage of the mischief symptoms of dyspnoea and panting on ascending with slight cough set in. This breathlessness is, besides, one of the earliest, the most common symptoms of cardiac failure, and may be distinguished from the breathlessness which occurs in lung disease pure and simple by the fact that it disappears when the patient remains absolutely and entirely at rest. Congestion of the vessels of the skin causes irritation and eczema in some cases, in others leads to varicosis; seaweed patches occur on the cheeks and nose, giving a pseudo-healthy appearance akin to the winter-apple streaks of elderly people—an appearance distrusted by the experienced observer. Besides eczema, pruritus may develop, or a localised necrosis leading to ulcerations above the inner ankle. I have known this pruritus most agonising and

intractable, and by far the most prominent symptom of a weak dilated heart, defying all treatment till rest in the recumbent posture relieved the intra-venous tension. Bronchitis is a terrible enemy to these mitral cases. Their lungs are always in a chronically congested and catarrhal state, so that bronchitis very easily sets in. They may get on well during summer and mild winters, but the first touch of frost or the pinch of a severe winter following a mild one has them directly. Such a hard time as we had in the early part of 1895 greatly increased the death roll of old cardiac cases, and many a one died off then, pinched out of life by the grip of the frost, who but for that might have been living still. Influenza is a very serious matter to a case possessing already a damaged mitral valve, or indeed any form of valve disease. It has been a striking observation of late how one after another fresh cases come to hand, all telling the same story—worse since the influenza. Hearts are both primarily upset by the poison and morbus cordis thus established, or hearts with valvular deficiency before, but whose deficiency had been compensated, and so had been equal for years to the needs of their possessors, have had this compensation fail, and gone rapidly to the bad after one or perhaps two attacks of this formidable recurrent malady.

W. M.—, a cabman, for years well known to me, as a temperate and healthy man, had three attacks of influenza in 4 years, the last at Christmas, 1894. He sent for me November, 1895, as he could not take the medicines of his club doctor. Had been then confined to bed for six weeks. Complains of severe attacks of pains in the heart, accompanied by copious sweats, when he feels as though he would die. He has had four of these attacks, and been in mortal agony each time, and is in great fear of getting them again. He has been treated freely with digitalis, which he cannot take, as he says it makes him ill. The heart is hypertrophied and dilated; there is a loud mitral systolic murmur, with tricuspid insufficiency and pulsation in the neck and epigastrium. Pulse 96; respirations 30 to 40 per minute. Edema of ankles and insteps. Râle heard at both bases, and some dulness over the base of the right lung. Great oppression of breathing, with wheezing and gasping, which are very much increased when

he gets the paroxysms of pain. Skin covered with a pink rash. Urine has a deposit of heavy fawn lithates, and gave an albumen ring when nitric acid was added cold. He was given cactus 1x with spongia 1x alternately every hour, with chloric ether for the special paroxysms, and under these medicines a certain amount of relief of the pain and dyspnœa was obtained. Naja was also of service, and under it a satisfactory increase of urine was noted, this having fallen to half its normal volume. Pulmonary apoplexy showed itself in a week by increased dulness of the right base, inability to lie on the left side, and copious expectoration of thick crimson clots. Phosph. and hamamel. He died in 11 days from the time the treatment was changed, having expressed himself strongly to the effect that the medicines had decidedly relieved him, especially with regard to the angina attacks. Pulmonary apoplexy is more common in mitral stenosis even than in regurgitation, and is frequently met with where the two are combined, as is so often the case. The pulmonary capillaries become distended to bursting point by the back pressure from the diseased left heart, and so towards the termination of such cases it is usual to get more or less copious hæmoptysis, often of dark clotted blood.

This occurred also in the following case: I was called by a lady to see a poor, broken-down governess, aged 52. She had drifted about from one home to another. She was now completely worn out and nearly at the last, though hopeful and cheerful. Compensation had given out, and considerable dilatation had occurred. The heart's action was tumultuous, heaving and irregular, the sounds tumbling one into another, all rhythm lost. Pulse uncountable. Pulsation at root of neck; breathless, gasping; mottled cyanotic skin; œdema of ankles, arms being cold and numb, with sharp pain felt in them, and also at times in chest. Sub-acute secondary bronchitis, râle throughout chest, with cough and expectoration. Here, again, had been upset with overdosing, and could not take the medicine. She had arsenicum iodide 3x for a time, under which she rallied a little. Phosphorus did not suit her, seeming to cause some pain in the back. Diarrhœa came on and arsenicum iodide was stopped, and digitalis ϕ was given every two hours in water.

She expressed herself afterwards as feeling far better generally for the medicines than for what she had taken before coming to the home. But nothing could rehabilitate her ruined heart. The cyanosis increased, semi-delirium came on, and she died with extreme symptoms of carbonic acid poisoning about seven weeks after she was first seen, pulmonary apoplexy with hæmoptysis occurring at the close. In this and other cases I have often had reason to observe that small doses of digitalis, say from half a drop to 3 or 4 drops of the ϕ tincture, according to the susceptibility of the patient, or if the infusion is the preparation, half a drachm to two drachms will act better than the large doses in vogue in the old school. These frequently cause nausea, and have to be discontinued in consequence, whilst the smaller ones named are generally well borne, and yet sufficient to produce the effect aimed at, namely, strengthening and regulating the heart and stimulating the renal secretion so as to get rid of dropsical accumulations. But I also believe that to get these effects it is necessary to give such a dose. Giving dilutions does not do, and I rarely have seen any benefit arise from the use of digitalis in 1x or higher potencies in these cases.

Suitable in this connection is the following case :—

A. W. aged 60, retired inspector of police, sent to Torquay for his health by his doctor at home, under whose care he had been before coming down. He did not call on me at first, but had been taking medicine from the homœopathic chemist for a time. Four years ago he had a second attack of rheumatic fever, since then his heart had been weak and was still further weakened by three attacks of influenza. The last had fairly broken him down, and “he had been little good since.” He was a tall, thin man, with scanty hair and dingy coloured skin, walks very slowly, abdomen very protuberant, gets breathless on the least exertion. His chief complaint was of his liver, which he said was “terribly out of order.” This I found to be the case. Its vertical dulness was 9 inches in the mamillary line, and it extended below the ribs for some inches and could be distinctly seen stretching quite across the abdomen and into the left hypochondrium.

The heart's action was weak and laboured ; there was mitral regurgitation and tricuspid insufficiency, a “to

and fro" rub, more like pericardial friction than an endocardial murmur heard at one spot near the apex beat, elsewhere the sounds were heard clear. Pulse weak and irregular, venous pulsation in jugulars; much ascitic fluid in abdomen; œdema of feet and lower legs; urine high coloured, has been scanty, contains albumen, one part in 1,000 by Esbach's method. He had a troublesome sub-acute pulmonary catarrh, with night cough on lying down. Chelidonium, phosphorus, and iodine were given for a time, but he was irregular in calling, and the treatment was desultory for some six weeks, during which I only saw him three times, when he got a cold and became much worse—portal congestion with grey stools and bilious urine, increase in œdema of feet and all heart symptoms aggravated. I ordered him to keep entirely to bed and attended him at home. I made this note of his case at this time: "the heart's action irregular in force and rhythm; there is audible a mitral regurgitant murmur with tricuspid insufficiency; the walls weak and the whole organ dilated; the anasarca now reaches to the knees and higher; amount of urine decreased. The cough was very troublesome, and bronchial secretion was expectorated. I did not at that time expect he would last long, though it was possible he might rally for a time. I gave him 2 drops of tincture of digitalis every three hours and a five grain powder of mercurius dulcis 2x night and morning. However, in a few days he lost his cough, and the râle cleared away. Four days in bed gave him a start; the symptoms of portal congestion as evinced by the secretions departed, he was allowed to be up a short time in the evening. No particular alteration was noted in the volume of urine till he was put on 4 instead of 2 drop doses of the digitalis every three hours. At this time 3 grs. of kali. iod. were given night and morning. The excretion for a week was as follows:—

January 27	...	...	4 pints
" 29	...	...	3 $\frac{3}{4}$ "
" 30	...	...	4 "
" 31	...	...	4 "
February 1	..	...	3 $\frac{3}{4}$ "
" 2	...	...	3 $\frac{1}{2}$ "
" 3	...	...	3 $\frac{1}{2}$ "

The abdomen was now much reduced in size, the vertical

liver dulness $7\frac{1}{2}$ inches, pulse 60, soft but more regular. Digitalis now given every four hours.

A course of strychnia followed, 8 drops of the $\frac{1}{200}$ of the nitrate being given 3 times a day. The urine continued to keep up to from 8 to $8\frac{1}{2}$ pints daily.

He soon began to get about, taking short walks on the level on fine days. No obvious enlargement of the abdomen was apparent when he was up and dressed, and in three weeks he was so much improved that he left for the neighbourhood of Dartmoor.

A case in which the cardiac symptoms were watched from the first was A. F., a girl of 25 years of age. I had attended her for various ailments since about her 13th year. When her mother died of heart disease A. F. was a delicate child with a poor chest, which was largely owing to nasal polypi and post-nasal adenoids. As a reflex result apparently of this, she suffered from severe attacks of asthma, which abated considerably after the removal of the growths. She had chronic rheumatic pains from time to time about her, but never had had rheumatic fever. Rhagades, bleeding and painful, would form over the knuckles, and an ichthyotic condition of the skin on the backs of the hands would develop at times when her breathing was better. Sulphur, given in varying strengths, would soon put the hands right, but she was "always worse in the breath the day after the medicine." The breath was easiest and she was always best in herself when the hands were bad, but she could never be content to let them be so, and sulphur graphites or petroleum had always restored them to their normal condition; she was then almost sure to get breathless and distressed in the chest. Gradually, when the attacks came on, they partook more of cardiac asthma with painful gasping and cyanosis; this was noted in 1892. The last of these I attended her for was in Jan., '98, and it rapidly yielded to aconite and ipecac. I did not attend her again for nearly two years, when one day I was hurriedly called to see her in another house. It seems she had been better and had thought herself equal to taking a situation in a dressmaker's shop in the town. This had involved a walk of about a mile night and morning, the return at night being mostly uphill. She had stuck to this for several months,

and had gradually broken down under it. I found her with a loud systolic mitral murmur, and a rough thrill could be felt at times by the hand laid on the region of the heart. Considerable œdema of feet and legs, feeling very weak and low, and losing flesh. The periods had stopped three months before. She had a troublesome cough, worse at night, and her breathing would not allow her to lie down. She took digitalis ϕ and hyoscyamus ϕ , fractional doses of a drop every two hours alternately, and was kept to the couch. In about a week, under this treatment, she gradually lost the dropsy, and her cough almost disappeared. Unfortunately, all the symptoms recurred after going out for a short walk one day, the dyspnoea and œdema rapidly increased, nor would they again yield to digitalis, which now seemed she said to make the breathing worse, all other treatment failed, she got hæmatemesis and sank one month from the time I first saw her.

Sectio 27 hours after death. Fluid was found in the sac of the pericardium—the heart was much enlarged, its walls hypertrophied, and the chambers dilated. The mitral valve was found diseased and incompetent. The cusps were granular, eaten and eroded, and covered with vegetations which hung around the mitral orifice like a fringe—both ante and post-mortem clot was found in the left ventricle, the walls of which were very thick. The left auricle and especially appendix enlarged, and like a long ear. The right ventricle dilated, and the tricuspid valve dilated and incompetent, but its tissue sound. Aortic valve sound and competent, much clot found in aortic and pulmonary arteries. Lungs œdematous and frothy, and with hypostatic pneumonia at their basis. Close pleural adhesions and also to diaphragm below. Spleen enlarged and showing old infarcts. Whole venous systemic circulation had been dammed back. In this girl we have a feeble constitution suffering from chronic rheumatism, of a sub-acute type, leading without acute illness to a slowly developed mitral valve mischief. Incompetence chiefly, and to a less extent obstruction, was established, and thus we get step by step in pathological sequence the results of the back pressure. An evanescent attack of pneumonia, with occasional paroxysms of splenic pain years ago could now be

accounted for as caused by emboli washed off the diseased valve and carried to these organs. Some sort of compensation had occurred which had enabled the patient to get along while she was content to keep quietly at home, where she was never expected to do anything but lead the life of an invalid. But as soon as she persisted against her friends' judgment and without my consent, in taking a situation and walking to and fro daily, compensation soon failed, dropsy came on, and no further rally could be obtained. A younger sister of the above H. F., aged 16, also came under care for heart trouble, she had a loud mitral systolic bruit at the apex, she combined a striking mixture of plethora and anæmia. Her face and body were quite stout, her cheeks exceedingly red and full, but the rest of her face offered a singular contrast, being of a ghastly pallor, and the sclerotics were of a pearly blue. The periods had never occurred; I found her sitting bolt upright in bed, the breathing obliging her to assume this position. She had dialysed iron 10 drops twice a day for a time, and afterwards a course of pulsatilla. Increase of dyspnoea and swelling of the feet now caused me to give digitalis three pilules every three hours; after a week of this the swelling disappeared from the lower extremities, and the breathing and sleep were both improved; the mitral murmur persisted.

Time does not permit of the further consideration of mitral disease, nor allow me to touch on the clinical combinations met with of stenosis and incompetency. The subject is one of the deepest interest both to the clinical diagnostician and to the general practitioner, in view of the various degrees of gravity involved in the prognosis.

A CASE OF UNI-LATERAL REMOVAL OF THE UTERINE APPENDAGES, AND ITS SEQUEL.

By GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

LATE in 1893, my colleague, Dr. Washington Epps, asked me to see with him a lady who had recently come to England, from one of the towns in "The Rand," in

search of health. She had been married three years, and during this time had experienced an almost unbroken course of ill-health. Bad diagnosis and worse treatment had engendered a whole catalogue of pelvic symptoms, with distant reflexes of a pronounced character.

We found our patient attenuated and anæmic, with every obvious sign of neurasthemia. Exercise was tabooed, and even walking up stairs was impracticable, on account of the acute pelvic pain engendered. She rose late and retired early, and usually when dressed was seized with sudden fainting attacks, preceded by acute local spasmodic pain. Examination showed an exceedingly sensitive abdomen, with marked resistance over the right iliac region, and per vaginam there was further disclosed a bulky congested uterus, not, however, displaced, and much resistance of tissues in the right *cul de sac*.

Various local measures were adopted, and careful therapeutic treatment in addition, with but little permanent result; and ultimately the patient was removed to a private nursing home, where diligent rubbing, with local dressings of ichtyol-glycerine, and various internal remedial measures were perseveringly employed, still with no satisfactory issue. Right-sided pain and constant nausea were the leading features in the *tout ensemble*; and neither remedies prescribed for the symptoms, nor on more general grounds, served us in any way. The last medicinal course she had consisted of *actæa* and *platina* in succession.

Under the circumstances I advised laparotomy, with discretionary power to deal with whatever condition presented itself. To this the patient, with Dr. Epps sanction, consented, and the husband, while agreeing with this suggested course, asked for independent opinion ere this final extreme measure was adopted. The lady accordingly saw an eminent specialist, who diagnosed right-sided pyosalpinx, concurred in the necessity for abdominal section, and expressed his perfect willingness to undertake the same himself.

In spite of the blandishments of the eminent specialist, the lady returned to me for operation, which accordingly was undertaken, Dr. Epps being present, in the summer of 1894. I found no pyosalpinx, but two enlarged cystic

ovaries, bulky but unadherent, and the right being decidedly the larger. This I at once removed, and there now remained to decide what to do with the left. This was swollen to at least double its ordinary bulk, dotted all over with small cysts, and evidently in the early stage of hypertrophic cirrhosis. Still, the pain had been wholly referred to the right side; the patient, further, was scarcely seven and twenty, had been married but a comparatively brief time, and was, finally, ardently desirous of a child. Was the ovary, though actually diseased, still functionally serviceable? and would not the retrogressive changes, after a possible pregnancy, go far to effect its return to the normal? To leave the ovary would be no bar to its removal at any future time should events demand this, while removal inexorably closed the door against any attempt on the part of nature to retrocession now the *pars major* of the evil had been removed. In some dubiety, I left the remaining ovary intact, and closed the abdomen. The convalescence proceeded apace.

After a few weeks the patient left town for the seaside, and the distressing sense of nausea, with the pain in the right flank, quite disappeared. The wisdom of the decision to leave the left ovary was severely criticised by the occurrence of pain in the left side—a new manifestation; but as it was never severe, was intermittent, and as the general condition of the patient had considerably improved, I felt justified in assuring her that it would probably ultimately vanish, at the same time hinting that nothing would be so rapidly curative as gestation. Shortly afterwards she returned to South Africa, and though promising to report progress, did not do so, a silence which I construed as an unfavourable comment on the issue of our plan of conservative surgery.

Now for the *dénouement*. In March of the present year I received the gratifying intelligence that the lady had been successfully delivered in Johannesburg, a month previously, of a daughter; and that both mother and babe were doing well. Appended were also some gratifying acknowledgments of the eminently satisfactory issue of the course of treatment, which, not without anxious deliberation, had been adopted by us in England a year and a half previously. That the pregnancy and

the delivery should alike have followed a satisfactory course, during residence in Johannesburg in the midst of its recent epoch of history-making, speaks well for the stability of the gestation process.

I have at previous times contented myself in certain cases with uni-lateral removal of diseased appendages with uniformly unsatisfactory results, and in this respect my experience had been exactly that of Mr. Lawson Tait, who emphatically condemns, in marked chronic disease of the appendages, this form of operation. In this particular case this limited plan served us well, and the result is particularly striking as indicative of two important facts: First, no normal pregnancy occurred until after the removal of the inhibitory influence engendered by the gross disease of the right ovary. Second, the left ovary, directly the main disturbances in the nexus of reproductive processes was removed, became functionally adequate to its share in the cycle of gestation; an adequacy which, during the co-existence of the right and more considerably diseased ovary, was lacking. Both Dr. Washington Epps and myself had awaited, not without some misgiving, the issue of our plan of operation; and this issue clearly shows the necessity of discrimination, founded on personal experience, in each individual case.

VARICELLA.—NOTES ON TWO CASES IN ADULTS.

By J. ROBERSON DAY, M.D. Lond.

Physician for Diseases of Children to the London Homœopathic Hospital.

INSTANCES of chicken pox in the adult are sufficiently uncommon to justify the publication of the following notes of two cases which have lately come under my notice.

Dr. Ashby says adults occasionally take it, and he has seen nurses contract the disease from children under their care.*

* *Diseases of Children*, Ashby and Wright, 1892, p. 290.

Dr. Fisher says "it is rarely met with after the eighth or tenth year, although occasionally presenting in youth."*

Dr. Tooker says: "Dr. J. Lewis Smith and Professor Austin Flint have each observed one case of the disease in an adult. But such an occurrence is very rare.†

CASE I.

On December 17th, 1894, G. W. B, aged 8, developed the vesicular eruption of varicella. It first made its appearance the previous day, and on the 17th he had a temp. 103.2° , and the eruption was abundant and complicated (as is sometimes the case) by a uniform roseolous rash, which subsequently desquamated, and in many points closely resembled the scarlatinal rash. Some of the epidermic scales were scraped off and forwarded to the Clinical Research Association, but only a negative result followed the examination. He had, in fact, what might be termed a severe attack of chicken-pox.

His mother, aged 39, nursed him most devotedly night and day through the whole illness, and on December 29th she complained of feeling very queer, with headache and backache, and general malaise. On the evening of the same day the vesicular eruption appeared on the face, and next day had extended to the neck, chest, abdomen and back, and temp. 99.6° .

On December 31st, further crops of vesicles were found in the same situations, and in addition, on the scalp and the mucous membrane of the mouth. Altogether the rash was very abundant. The itching accompanying it was almost intolerable, and she only had one hour's sleep during the night.

On January 2nd, there was severe pain on the inner side of the thighs, and on January 3rd no fresh vesicles appeared, and most of the early vesicles had scabbed.

CASE II.

The next case occurred in a lady, Miss C., aged 32, engaged in the General Post Office, and who it was subsequently ascertained contracted the disease from another lady (aged about 30) working there, who used to open the letters and hand them on to Miss C.

* Fisher's *Diseases of Children*, 1895, p. 250.

† *Diseases of Children*, Tooker, 1895, p. 322.

On December 31st, 1895, late at night, I was asked to see Miss C., who was thought to have small pox. She had been feeling unwell for the last three days, and this evening an abundant rash appearing on the face, associated with pains in the back, and ushered in with a slight rigor, caused the alarm.

The next day the rash had spread to the chest and shoulders, and soon extended over the entire body as an abundant eruption, itching very much.

The temperature never rose above 100°, and on January 10th the scabs had mostly fallen off, and she was convalescent.

Remarks.—Both these cases were severe and unusual manifestations of what is generally a mild disease of childhood.

In the first case, of Mrs. B., there was no danger of confusing the disease with variola, as it was clear the mother had taken it from her son; and she was of a type of constitution where such a result was not surprising, and indeed had herself quite expected to take it, for (to use her own words) “she always had what her boy suffered from.”

Curiously enough, she had previously taken measles and whooping cough from him in the same way.

The second case was apt to be misleading, but the premonitory symptoms and onset, although severe for varicella were too mild for variola; and the subsequent development of the rash in successive crops, which rapidly matured, confirmed the diagnosis.

A CASE OF PEMPHIGUS TREATED BY ARSENIC, WITH RESULTING ARSENICISM.

Reported by H. V. MUNSTER, M.B., C.M.

Mrs. W., æt 56, housewife, has suffered from varicose veins of the lower limbs for many years, the superficial veins being principally affected.

Since about 1st October, 1895, blisters have been forming and bursting over an area in front of left tibia. She has been treated with various internal remedies, sulph. 6, arsen. 2, ham. 1, and eventually acid. fluor. 12 in turn, but all without benefit to the local condition. A zinc oxide powder and a hamamelis ointment have also

been applied to the part, but it could not be got to heal, although latterly the patient has been kept in bed.

On January 3rd, 1896, condition was as follows:— There is a patch of inflamed skin about 2 inches long by $1\frac{1}{2}$ inch broad, situated in front of the left tibia about midway between the ankle and knee. Surrounding the area are a number of small blebs, which patient describes as having commenced as small vesicles, accompanied with itching, the vesicles subsequently coalescing to form blebs, most of which have now burst. The process started at the centre of the patch and gradually spread towards the periphery, the centre having now begun to heal. Under most of the blebs at the periphery a raw surface can be seen, and as the blebs have coalesced somewhat the outline of the patch is serpiginous. Patient describes the last bleb which burst as being “just like a grape.”

Subjectively there is some itching and smarting at the periphery of the inflamed area, but this is always most marked when new blisters are forming. An occasional shooting pain in the part accompanies these sensations.

The general health is good.

Treatment.—Liquor arsenicalis \mathfrak{m} iv. to be given in alternation with the acid fluoricum 12 \mathfrak{m} i. every 3 hours.

January 10th. After the first dose blebs ceased to form, and the patch rapidly commenced to heal up. Acute gastritis has now set in, evidently caused by the liq. arsen.

Treatment.—Ars. 6 \mathfrak{m} i. ac. fluor. 12 \mathfrak{m} i. 3 hrs. in alternation.

February 7th. The gastritis quickly subsided when the liq. arsen. was discontinued, but fresh blebs began to form in a day or two in the old situation in spite of the patient being kept in bed. Accordingly on the 16th January liq. arsen. was again resorted to in \mathfrak{m} ii. doses every 4 hours. This was speedily followed by healing of the affected area, and the gastritis did not return. On the 5th February the liq. ars. was discontinued, when the old trouble returned, and to-day she is again put upon the medicine in \mathfrak{m} iii. doses every 3 hours.

February 22nd. Above treatment has been continued until now, and the result is that the patch is healed, with just a superficial scab marking the site of the old lesion.

The condition of the patient, however, is a point of considerable interest, and is as follows:—

Complaint.—A severe cold in the head. Feeling very ill.

Digestive System.—No appetite. Thirsty. Tongue is covered with a thin white coating, under which a red base can be made out. Diarrhoea with straining, but this is less severe than a day or two ago.

Respiratory System.—Profuse coryza. Alæ nasi and upper lip much excoriated. Nasal discharge thin, watery and acrid. Marked sneezing, which is specially troublesome at night, when also all other symptoms are aggravated. Slight cough.

Urinary System.—Says urine was dark before “cold” came on. It is now clear and passes freely.

Nervous System.—A severe neuralgic right-sided headache appeared before the coryza set in. This is now better. Complains of great weakness, languor, anxiety and depression. Feels restless, especially at night.

Sense Organs.—Profuse lachrymation. Eyes look very suffused and conjunctivæ red. Marked œdema of subcutaneous tissue of lower eyelids.

Treatment.—Liq. ars. discontinued, and patient put on ipecac. 1x and cinchona 1x *m. i. h.* 3 alt.

February 26th.—Very much better. No return of pemphigous condition of left leg at present.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

(Continued from p. 160.)

THE consultations were continued in December, January and February, when the interest taken in these meetings was continued, the average attendance of medical men being 16. Twenty-six cases were shown on the six days, of which the following are some of the most interesting:—

CASE XVII.—*A Man with Locomotor Ataxy presenting an unusual number of Characteristic Symptoms.*

Dr. Galley Blackley, who has most kindly supplied me with the following copious notes, shewed a coachman, aged 34, at present an inmate of Hahnemann ward.

liver, and that the case was too far gone for operative interference.

As there appeared to be nothing further to be done, she was sent to Eastbourne, whence she returned in a few weeks time feeling stronger, less anæmic, and stating that she had not had any vaginal loss since the curetting.

But, and it was to this that Dr. Burford wished to draw attention, in this short space of time, some four or five weeks only, the abdominal condition had entirely changed; the masses of glands in either groin could scarcely be felt, and the liver had returned to its proper size. As to the nature of the former enlargement of the liver, and of the cause of its rapid disappearance, Dr. Burford would offer no explanation.

Whilst at Eastbourne she took a high potency of ferrum.

Dr. Burford asked the following questions:—

1. The cause of the enlarged liver?
2. Why it had retroceded?
3. What was the mass in the right flank? This Dr. Burford thought to be the right kidney.

Dr. Moir said the tumour in the right flank was the kidney; that the liver was not enlarged; and that the previous enlargement was simple hypertrophy from anæmia.

Mr. Wright said he doubted if in the discussion they should include a lardaceous liver. The tumour in the right flank was the kidney. He thought the left kidney was also too large—too feelable. In answer to a question, he said there would be albuminuria in lardaceous kidney.

Mr. Johnstone said was it possible for the enlarged liver to be caused by right-sided heart mischief? This he threw out only as a suggestion.

Dr. Goldsbrough agreed with Dr. Moir.

Dr. Chapman mentioned a somewhat similar case of persistent uterine hæmorrhage with enlarged spleen, in which curetting stopped the hæmorrhage and the spleen went down.

Before the patient first came to the hospital, her condition had been diagnosed as malignant disease of the uterus, by a well-known gynæcologist. She came into the hospital with the intention of hysterectomy being performed.

CASE XIX.—*An Enormous Tumour of the Shoulder.*

Mr. Knox Shaw showed this case of a middle-aged man, who was a patient in Bayes ward, and was suffering from a tumour of the right shoulder. Three and a half months ago he was struck on the shoulder by a piece of wood, and he had ever since suffered from aching pain about the joint. A month later his wife noticed that his shoulder was swollen. He was in St. Bartholomew's hospital two weeks ago, but no operation was advised. He had come into the hospital a few days previously with a view to the possibility of operation.

The tumour was a large one, involving the scapula, the upper end of the humerus, and the outer half of the clavicle. Mr. Shaw considered the case one of a rapidly growing sarcoma, probably originating near the glenoid cavity of the scapula. He did not think any operation would enable the whole of the growth to be removed.

Mr. Dudley Wright considered the tumour a sarcoma which involved the acromion and the head of the humerus. The tumour was not confined solely to the muscle. He would hesitate to give a differential diagnosis. The only operation would be to remove the whole upper extremity with the scapula. He thought the tumour had gone too far for an operation, which would be too hazardous.

Mr. Johnstone did not think the head of the humerus involved, he thought the tumour included the neck and dorsum of the scapula. As no operation could be attempted, he suggested trying the action of the erysipelas streptococcus and antitoxine.

Dr. Moir agreed with Mr. Johnstone.

Dr. Lambert suggested aspirating again and giving arnica internally, as the tumour came after a blow.

Dr. Epps mentioned a similar case, in which he saw Sir William Ferguson remove the whole arm and scapula, and in which death occurred two days after the operation.

CASE XX.—*A Tumour of the Upper Jaw.*

This case was first shown on December 20th, when the following opinions were given :—

Mr. Dudley Wright said the tumour was connected with the upper jaw. Whether it was an encysted

abscess of the antrum or a solid growth he could not say for certain. He was in favour of the growth being connected with the bone—a sarcoma, starting from an inflamed tooth. Mr. Wright stated it would be unusual to have so much distension with pus *without* pain, in which case also the swelling would be more circumscribed. He should certainly consider the tumour a sarcoma, and advise removal of the maxilla. A good symptom, as to result of operation, was the absence of any involved glands in the case.

Mr. Johnstone endorsed all Mr. Wright had said. The tumour was a sarcoma, and the only treatment removal. Both he and Dr. Epps thought the growth had distinctly increased in size since the previous Tuesday, three days.

Mr. Knox Shaw said it was unusual to have the growth both inside and outside the teeth as in this case. The tumour was a periosteal growth, probably a fibrosarcoma. The tumour had not spread to the pharynx. Dr. Marshall having suggested that the tumour might be a myeloid, Mr. Knox Shaw said he thought a myeloid of the jaw was very rare; he considered the tumour more of the character of a malignant epulis.

The woman was presented again on January 17th, to show the result of the operation, which took place on December 31st, when the entire right upper maxilla, with the exception of a small portion of the orbital plate, was removed by Mr. Knox Shaw. The tumour was subsequently examined by Mr. James Johnstone, and found to be a small-celled sarcoma.

The result of the operation was most satisfactory, as although it was only $2\frac{1}{2}$ weeks after the operation when the patient was again shown, the incision scars were hardly noticeable, the hollowness of the cheek only slight, and her speech and power of swallowing were good. In a short time she was to have an obturator with artificial teeth fitted to the mouth.

CASE XXI.—*Multiple Hereditary Exostosis in a Youth.*

Dr. Goldsbrough showed this case of a youth of seventeen, who was suffering from a number of exostoses on different parts of the shafts of the long bones. He had had three large ones removed. When shown he had some nine or ten on the lower extremities. He was put

on hecla lava 12. At the end of a fortnight the report was that "he thought one prominent growth was not so painful, and that a small new growth was appearing." The family history was curious, thus:—Grandfather and father were butchers.

The father had had an exostosis on knee, now disappeared. One sister (æet 12) similarly affected.

Another sister (æet 15) not affected.

Three uncles and one aunt similarly affected.

Grandparents not affected.

A report of the case, with photograph, appeared in the *British Medical Journal* of July 1, 1898.

Dr. Goldsbrough raised the question whether the occupation of butcher, which the family had followed from the grandfather downwards, could have anything to do with the disease.

Mr. Knox Shaw did not think the case suitable for surgical interference.

Dr. Moir recommended that the hecla lava, which the patient was taking, should be pushed to large doses.

Dr. Clifton thought a low trituration should be given first, and then a high one. He also suggested calc. fluor. as a possible remedy.

CASE XXII.—*A Tumour of the Arm in a Girl, aged Four Years, for Diagnosis.*

Dr. Roberson Day showed this little girl, who had had a tumour of the left upper arm since she was three months old. The tumour was situated on the posterior surface, and was very soft and translucent with artificial light. It had been tapped at the Children's Hospital, and since then several superficial blebs had appeared, a few of which contained small hæmorrhages.

Mr. Knox Shaw thought the tumour was a cystic hygroma, and recommended repeated electrolysis.

Dr. Moir expressed the same opinion.

CASE XXIII.—*Eye-disease associated with Enlarged Glands.*

Mr. Knox Shaw showed this most interesting case of a girl with marked strumous keratitis, in which the glands of the neck and axilla had become much enlarged.

The history in brief was as follows:—

D., aged 14, the third child, was born with a tooth, which the doctor for some curious reason extracted on the eighth day. The child was never considered delicate; she got through measles and whooping cough very well, and continued in ordinary health until she was seven years old, when she suffered from an extensive abscess on each side of her face. When she was 9 to 10 years old her eyes became affected, the mother thinks from a chill, and soon afterwards she was seen by Mr. Knox Shaw, and had continued attending his clinic up to the present time. Mr. Knox Shaw described her case as one of the worst cases of strumous keratitis; at first it was feared the girl would have become totally blind, but under treatment the corneæ had become very much clearer, so that the patient could just manage to find her way about. Thirteen months ago a number of the glands enlarged in the anterior and posterior triangles of the neck, specially on the right side, the first to enlarge being the glands just below and behind the right ear; these continue enlarged. About five months ago the glands in the right axilla began to enlarge, so that they now form a large mass, nearly the size of the child's fist, soft, elastic and painless. The other axilla and the groins were examined, but the glands were not found to be enlarged, and the spleen and liver were normal in size. The blood was also examined, but no increase in the leucocytes was found.

Dr. Moir said the case was of great interest. It was not one of scrofulous glands, as in that disease they would soon become inflamed and break down. In this case the enlargement of the glands had begun above and rapidly spread downwards. Since October last the girl had been troubled with pediculi capitis, which the mother had tried to cure with several remedies but without success. He suggested that there was some connection between the condition of pediculosis and the enlarged glands, some constitutional condition, in which the irritation of pediculi started the irritation and enlargement in the glands of the neck, which spread downward to the other lymphatic glands. Dr. Moir referred to a similar case in Barton Ward, in which, with a similar condition of pediculosis, the glands of the neck enlarged and were removed to the number of 64.

The incision healed by first intention in a few days, and the child remained well for a year or so, but returned with enlarged glands in both triangles of the neck and both axillæ, and in which the spleen was markedly enlarged. In this latter case there was, with the recurrence of the complaint, a marked rise of temperature of several degrees, and the disease was rapidly spreading and increasing in spite of all treatment.

Dr. Burford said that evidently there was a scrofulous basis. He elicited from the mother that the girl was previously troubled with purulent and irritating leucorrhœa, which had ceased more or less since the advent of the catamenia, and that the patient had latterly had two drenching monthly discharges, since which there had been a marked increase in the lymphadenomata.

Dr. Blackley found no excess of white blood-corpuscles, this he attributed to the absence of enlarged spleen. He considered the case one of commencing Hodgkin's disease. He could not follow out Dr. Moir's theory of pediculosis being the cause, as he had seen scores of cases of pediculosis, especially in Germany, in which there was no enlargement of glands, except those immediately connected with and situated around the edge of the scalp, which glands quickly subsided when the source of irritation was removed.

Mr. Knox Shaw questioned whether lymphomatous patients were more susceptible to pediculosis. The patient was admitted under Dr. Moir for further investigation. The remedy suggested was silica.

CASE XXIV.—*A Skin Case (seborrhœa psoriasiformis.)*

This case was shown by Dr. Newbery. He first saw the case on January 17, when he considered the girl to be suffering from tinea circinata of the arm, and treated it with ung. ac. salic. In February the patch had disappeared, but by the 12th a seborrhœic rash had appeared on the back and over the scapulæ. This was rapidly improving under calc. carb. and a yellow oxide of mercury ointment.

Dr. Blackley considered the rash seborrhœic, of the psoriasis type, and advised resorcin ointment, or diacylon ointment and lanoline in equal parts, which latter ointment he thought beneficial by excluding the air.

Internally he advised arsenic, but if improvement was taking place under calc. carb., to go on with it.

Dr. Epps agreed with Dr. Blackley's diagnosis; he thought, however, that dilute sulphur ointment acted equally well with resorcin. He had had several cases of seborrhœa in which this ointment had acted very satisfactorily.

NOTE.—Dr. Lambert wishes to correct the reporting of his remarks on page 108 (February, 1896). What he said was: "That lathyrus produced more a true lateral sclerosis than the disseminated form."

REVIEWS.

The Medical Annual and Practitioners' Index. A Work of Reference for Medical Practitioners. Fourteenth year, 1896. Bristol: John Wright & Co.

THE Medical Annual continues to grow in favour with the profession. It is a volume to which we annually look forward with pleasure, and our anticipations are always rewarded. We invariably turn first to the section on new remedies. This year there are not so many striking examples of plagiarism on the part of learned therapeutic professors as usual. A most interesting account is given under this heading of the physiological action of anhalonium Lewinii (mescal button). The effect was chiefly mental. "A train of delightful visions, such as no human being ever enjoyed under normal conditions" followed the consumption of 4 or 5 of the "buttons." "The tendency of every feature of the experience to prove a source of pleasure was quite remarkable"—whether the mind were fixed on agreeable or unpleasant subjects. "Besides the visions, the loss of conception of time and space was a marked feature of the experiment. The pupils were dilated, muscular power was lessened, the pulse rate fell from 108 to 81." The writer of the article naïvely concludes:—"The mental state described has a decided resemblance to that which is sometimes met with in fever of the typhoidal type, and it seems probable that this drug, when given in moderate medicinal doses, may prove useful in such conditions." The usefulness of permanganate of potassium in opium poisoning is dwelt upon; the strength recommended is one grain to the ounce of water. "Potassium permanganate, grain for grain, completely decomposes morphine." An allusion to Dr. West's contribution to medical literature, on uranium nitrate, is made,

in which it is said that "Dr. West overlooks the fact that the drug has been in everyday use for many years in Europe and America, and that a large amount of experience has been accumulated in respect of its action which does not warrant the assumption that it is an universal remedy for diabetes," etc. Among the special articles is one of great value and interest on remedial cycling. Under the heading of "Angio-neuroses," the relationship of some cases of phlegmasia dolens to this cause is considered.

The number of important summaries of new methods of treatment or new light on medical and surgical subjects is too great to dilate upon.

We gladly once more draw attention to this useful work and recommend our readers to purchase it.

Delicate, Backward, Puny and Stunted Children. By J. COMPTON BURNETT, M.D. 164 pages. London: The Homœopathic Publishing Co., 1895.

In the "foreword" the "practical physician" is addressed, although as we read on we are forced to conclude that the public were really principally in the author's mind when he wrote. Alas! that one more book should go to swell the already far too numerous list of popular works on homœopathy.

There is a certain looseness of style throughout, and diagnosis is rarely paid much attention to. Thus "Spinal Curvature" is the heading over one recorded case, and we are left to decide for ourselves as to whether it is *angular* or *lateral*. For the most part, the work consists of a series of notes of cases, often under fanciful headings, *e.g.*, "Blighted by Suppressed Ringworm," where the author condemns the local treatment of *tinea tonsurans*, for, says he, "the inward disease-essence" remains choked up within. Under "Constitutional Blight due to Vaccination," a case of eczema and asthma is said to have followed vaccination. Elsewhere persons who have been vaccinated are said to have "vaccinosis," and are treated with *thuja* 80. The author has evidently bad views on vaccination, and we trust the lesson the citizens of Gloucester are now learning may not be lost upon him.

Under "Paralysis of Lower Extremities"—a sufficiently vague diagnosis—a typical case of rickets is recorded, with sweating about the head, and enlarged epiphyses, the ends of the clavicles being "as big as large walnuts," although the child is but 9 months old.

Nothing is mentioned in support of the diagnosis beyond

the author's conviction, which he adheres to "ten years later," when he again saw the patient and exclaimed, "it was my former paralysed baby patient."

Yet two more quotations: "To be a learned girl or woman graduate is a very good and respectable thing enough and twelve of them make a dozen."

And again. "Is it not a sad thought that the great army of eye-doctors are to a man nothing but mechanics, and, what is still sadder, they do not even aim at being anything else."

In conclusion, we would suggest that a glossary should be added to the next edition, to embrace the following terms, which are scattered through the book:—

Jump-down-your-throat; lopsidedness; drumbellied; feelably; notedly; dunderheadedness; maladine; cackle; bettered; pippy; one-breastedness, &c., &c.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held at the London Homœopathic Hospital, on Thursday, March 5th, Dr. Goldsbrough, President, in the chair.

A resolution was moved and carried: "That the British Homœopathic Society strongly disapproves of the use of such medicinal substances as paraffin, talc, &c., in the preparation of trituration tablets, considering that the purity of the drugs is impaired thereby. It is also satisfied that the employment of excipients of this kind is wholly unnecessary."

Mr. Dudley Wright exhibited two oxalate of lime calculi removed from the kidney by nephro-lithotomy; Dr. Byre Moir, a specimen of primary malignant disease of the bladder; and Dr. Burford, a section of liver showing multiple pyæmic abscesses secondary to pelvic suppuration.

Section of General Medicine and Pathology.

Dr. Renner read a paper on *Serum-therapy*. The author pointed out how the discovery of microbes as a causation of disease has led men to work to find means for their destruction. He instanced the immunity against re-infection of certain infectious diseases, and said the whole question of serum-therapy centred round immunity. He next discussed natural immunity, considering it to be some property of the blood, there existing in normal blood a certain relative immunising property. Disease may be inoculated by means of specific microbes or their toxins, the latter being chemical poisons, metabolic products of bacterial life-action. The parts

threatened respond by reflex secretion of a special substance called anti-toxine. The production of anti-toxic serum was next discussed, and illustrated by the process of producing the diphtheric anti-toxine. As the anti-toxine acts on the same parts as the toxine, by anticipating the deleterious action of the poison, it must be given early. The therapeutic effects of the serum treatment were carefully detailed in diphtheria, tetanus, cholera, tuberculosis, typhoid, pneumonia, erysipelas, and snake bites. The action of bacterial albuminoids in the treatment of neoplasms was next entered upon, and the paper concluded with a few words on the harmless use of serum-therapy.

An animated discussion followed, taken part in by Dr. Day, Dr. Dyce Brown, Dr. Madden, Dr. Blackley, Mr. Wright, Dr. Hughes, Dr. Moir, Dr. Clarke, Dr. Jagielski, Dr. Morrisson, Dr. Carfrae, and Dr. Goldsbrough.

A discussion was opened on "The Causation and Treatment of Prolonged Rise of Temperature in Enteric Fever" by a short paper from Dr. E. B. Roche, who described a case which he considered furnished an example of a true relapse from re-infection, and then at a later stage of a recrudescence, the result of nerve irritation, excited by return to ordinary diet, and by the exigencies of family life. He discussed the causes of re-infection relapse, which he considered to be due in the main to increased activity in the small intestine, which had been lying dormant, roused by an increased and varied diet. The case referred to had an illness of 14 weeks, and the question raised by it was whether where one may suspect the probability of storage of infective matter in the lower part of the small intestine it would not be wise, before administering increased diet, to take some steps to clear the bowel and promote its discharge.

Mr. W. Spencer Cox next followed with the recital of a case of enteric fever lasting 140 days, in which none of the usual causes for a prolonged rise of temperature existed. In the discussion that followed, Dr. Epps, Dr. Blackley, Dr. Moir, Dr. Dudgeon, Dr. Morrisson and Dr. Day took part.

The seventh meeting of the session was held on Thursday, April 9th, at the London Homœopathic Hospital, at a quarter to eight, Dr. Goldsbrough, President, in the chair.

Allen Duke, M.D., Edin., Broadwater, Worthing, was elected a member of the Society.

Section of Surgery and Gynæcology.

The following specimens were shown :—

1. Hydatiform degeneration of the chorion. (Dr. Leo Rowse).

2. Uterine myo-fibroma. (Dr. Burford).

8. Ovarian cystoma. (Dr. Burford).

Dr. E. B. Roche read a paper entitled *A Contribution to Orificial Surgery*. The author considered that there was a generally accepted theory that the prepuce could be retracted at birth. This his experience showed to be an error, and that in all male children the prepuce requires attention at birth, and that if left to themselves the adhesions or agglutinations between prepuce and glans become firmer and cause irritation, and render circumcision necessary. He described the well known results of adherent prepuce. He insisted that all male children should have the prepuce early examined and retracted, and adhesions broken down by a probe if necessary. If the preputial orifice be constricted, this must be dilated with Sim's forceps; all smegma must be cleared away and an ointment applied. Should retraction, in spite of these steps be incomplete, then circumcision should be performed at once. He preferred Mr. Fourneau Jordan's method of operating.

A discussion followed, taken part in by Dr. A. C. Clifton, Dr. Day, Dr. Ord, Dr. Neatby, Dr. Hughes, Dr. W. Roche, Dr. Jagielski, Dr. Rowse, Dr. Dyce Brown, and Dr. Goldsbrough. Dr. Roche replied.

Dr. Edwin A. Neatby read a paper on *The Stages of Tubal Disease*, in which he alluded to the difficulty of the early diagnosis of salpingitis. He gave careful histories of two cases, which he subsequently discussed from a diagnostic point of view. He first entered into the question of the diagnosis of salpingitis in the pre-objective stage, and considered it to be mainly an assumption. He said the diagnosis could only be made sure by a microscopical examination or an attack of local peritonitis. In the first case described, retroflexion and cervical "erosion" were the predisposing conditions; in the second, sub-involution and miscarriages. He considered that the salpingo-peritonitis is sometimes due to extension through the coats of the tube-wall, and is then of specific or gonorrhœal origin. When the chronic stage is reached, the condition of the patient is one of permanent invalidism.

Discussing treatment, he laid emphasis upon prophylaxis, especially the proper management of labour. In the peritonitis rest must be insisted on. The most useful remedies for the attack are aconite, gelsemium, colocynth, belladonna and mercurius cor; after the attack platinum, potassium bromide, iodide and carbonate of lime, sepia and sulphur. Local treatment may be necessary.

He summarised his remarks as follows:—

1. Accurate and early diagnosis is necessary to prevent the condition passing into the chronic stage.

2. The pre-objective stage is only diagnosable when peritonitis sets in.

3. Repeated attacks of peritonitis may occur during the pre-objective stage.

4. The objective stage begins only when peritonitis has closed the fimbriated extremity of the tube.

5. This closure of the tube may be nature's method of terminating the attacks.

6. In the pre-objective and the early objective stages remedies may affect a cure. In the later stage removal of the appendages is the radical cure.

Dr. Hughes, Dr. Dyce Brown, and Dr. Burford took part in the discussion that followed. Dr. Neatby replied.

Mr. Dudley Wright read a communication on *Ferrum Picricum and Perineal Drainage in the Treatment of Hypertrophy of the Prostate*. He mentioned that in the discussion on hypertrophy of the prostate, at the end of last session, no mention was made of the iron salts. The symptom for which he chiefly used ferrum picricum is increased frequency of micturition at night. He then gave notes of two cases, as examples, in which marked benefit was observed. He next discussed the treatment of those cases in which long continued exhausting cystitis, retention of urine, render the patient's life miserable, by Mr. Reginald Harrison's method of perineal drainage. He described the operation and the instruments needed, and concluded by quoting two cases.

A discussion followed, taken part in by Dr. C. Wolston, Dr. Jagielski, Dr. Ord, and Dr. Stonham. Mr. Dudley Wright replied.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

LIST OF SUBSCRIPTIONS.

Amount previously ad-						Dr. Finlay (Rawtenstall)	£1	1	0
vertised	£48	6	0			„ Rowse (Putney) ...	1	1	0
Dr. Epps	1	1	0			„ Barrow (Clifton) ...	1	1	0
„ Shackleton (Syden-									
ham)	1	1	0						

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

REPORT FOR 1895.

As will be seen from the physician's report, an increasing number of patients, over a thousand, have received medical treatment.

The number of applications for medical advice during the past year has been 845. This brings up the number since the opening of the dispensary to 27,905; the number of deaths were three, all three were children under one year.

The number of visits made to patients' own homes has been about 200. In many cases where patients were unable to procure tickets, visits have been made without them; further, some poor patients have not been able to pay even the small dispensary fee of 6d., but none have been refused or sent away unserved on that account.

(Signed) JOHN McLACHLAN, M.D., B.Sc., F.R.C.S.

EXETER HOMŒOPATHIC DISPENSARY.

DURING the past year, 1895, the total number of patients treated has been 566.

The number of consultations held was 8,571, inclusive of 542 visits and consultations to patients unable to attend the dispensary.

Following are the details:—

Under treatment	...	...	71
Cured	...	...	426
Relieved	...	...	37
No report	...	...	8
Not improved	...	...	22
Died	...	...	2
			<hr/>
			566
			<hr/>

We are glad to see, from the financial statement, that the Hospital Saturday Fund subscribed £80, instead of the £5 or £10 that was contributed from this source a few years ago; and, in sending the cheque, the secretary gratefully acknowledged the advantages of the institution.

The physician is Dr. Woodgates.

REPORT OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY FOR THE YEAR 1894-5.

RECEIPTS AND DISBURSEMENTS.—The total receipts of the Charitable Dispensary during the year 1894-95 amounted to Rs. 186-8, against Rs. 126 of 1893-94; of this sum of Rs. 70-8 represent subscription and Rs. 66 as donation from the public.

The total expenditure amounted to Rs. 107-11-6 against Rs. 128-6-9 in 1893-94. The balance therefore with Rs. 100-14-9 of the last year is Rs. 129-11-8 the balance in hand.

RELIEF OFFERED.—The number of persons who attended this Charitable Dispensary as patients during the year 1894-95 amounted to 2,780, of whom 660 were Hindu men, 488 Hindu women, 1,055 Hindu children, 153 Mahomedan women, 821 Mahomedan children and 1 Christian woman. The average daily attendance of new patients was 8.16. The percentage of cure was 45.28. The year under review has been more satisfactory than the past year. The average daily attendance is higher than the record of past years.

LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

THE EIGHTH ANNUAL REPORT.

THE numbers taken into the hospital show a small reduction on the total of 1894, arising from the Misses Leaf having kindly re-painted and re-papered the Hospital, causing some of the wards to be closed for a few weeks. The total of in and out-patients is, however, only seven less than last year. The subscriptions and donations have been sufficiently maintained to enable the committee to carry forward a balance of £102 11s. 9d., as compared with £111 18s. 5d. at the close of the preceding year. 967 cases have been treated at the hospital since its opening in 1888.

The total number of patients treated at the hospital has been 141, of which 75 occupied beds in the wards, and 66 were out-patients, against 148 cases in 1894, of which 85 occupied beds in the wards, and 68 were out-patients.

The medical staff has been re-arranged during the past year, Dr. Walther being now resident at Tunbridge Wells, and rarely visiting Eastbourne, has requested that his name might be removed, which the committee cannot acquiesce in without expressing their best thanks for his energy in starting the hospital, and for his great kindness and attention whilst he has been on the staff. Dr. A. H. Croucher and his partner, Dr. Roche, are now hon. physicians and surgeons.

COUNT MATTEI.

COUNT CESARE MATTEI, who died on Tuesday, April 7th, at his castle near Bologna, will probably be ranked by posterity among the cleverest proprietary-medicine pushers of the nineteenth century. Had he been born a Britisher or American, instead of an Italian, his blue and yellow electricities

would certainly have been catchwords on our hoardings and in our newspapers. But fate placed Mattei's cradle in the country where the advertiser is content with less ambitious and expensive efforts than among Anglo-Saxon nations, and therefore the Count's name never attained that familiarity with the Man in the Street in which, say, Mr. Cornelius Harness, that other distinguished "electrician," once rejoiced. Mattei, however, was not without his apostles and impresarios in this country. Lady Paget, the wife of a former British Ambassador at Vienna, believed her husband to have been cured from cancer by the Mattei remedies, and, in 1890, testified accordingly in the *National Review*. It is only necessary to add that Lady Paget's text was taken up by Mr. W. T. Stead, the versatile editor of the *Review of Reviews*, to account for the Mattei boom which occurred some five years ago. Mr. Stead went to see the Count at his Castle of La Rochetta, and published a long and extremely readable, if somewhat hysterical, article about him in his journal. He also tried to enlist the aid of Professors Huxley, Tyndall, Ray Lankester, and others in favour of a scheme for trying the alleged cancer-cures, but no favourable results were attained, and to this day Count Mattei occupies a somewhat uncertain niche among Mr. Stead's idols alongside of Julia, the Drunkenness-cure Man, and others of that kidney.

The history of the Mattei remedies, as gleaned from the reports of the late Count's admirers, bears a somewhat disappointing resemblance to the familiar story of the genesis of other nostrums all over the world. The Count, it appears, was born eighty-seven years ago, the scion of one of the wealthiest houses in Bologna. In his youth he drained the cup of pleasure to the dregs, but he was snatched from a career of dissipation in the nick of time "by a single word from Paolo Costa, poet and philosopher." Thenceforward Mattei trod the path of piety, offered to present one of his castles to the Pope, and was made a Count by his Holiness in return. At the age of forty he retired to a country seat, and began to devote himself to the study of "agriculture, botany, and chemistry," and one fine day, in the words of Mr. Stead, "he tumbled upon the discovery with which his name is now identified." "A dog, afflicted with a peculiarly loathsome mange, used to relieve itself by hunting out and eating a herb that grew on the spurs of the Apennines. Count Mattei took the leaves of the herb, distilled their essence, and then tried the product on a human patient suffering from scrofula." Need we add that the results were marvellous, and that the Count succeeded, "by degrees," in compounding "some eight or ten medicines and five electricities, with which he treats all

manner of diseases." Mr. Stead, under the influence, it would seem, of the electric fluid, thus describes the Mattei treatment:—The grand secret is the fixing in the remedy of a mysterious something which he calls the electrical principle. This, he asserts, is the vital principle of the universe, and, as far as I could make out, is cousin-german to the astral fluid of the occultists, or the strange etheric force of Keeley. Count Mattei, however, knows nothing of the astral force, or of Keeley's motor. He simply maintains that he knows how to make herbal decoctions instinct with a potent, vital, electrical force, which enables them to work wonders. That they do work wonders in many cases seems to be beyond all doubt. How they do it no one explains but the Count. His explanation is that their power is derived from this fixing of the electrical principle."

The gem of Mr. Stead's article is the following childlike and bland sentence:—"Count Mattei is a zealous propagandist of Matteism. If he had his way he would administer one of his phials every year to every individual on this planet, and it is his honest opinion, which he expresses with a childlike frankness, that the human race would be immensely benefited by such an administration."

The Count's secret, whatever it may have been, is not likely to have descended to the grave with him, for though a nobleman, a philanthropist, and a philosopher, Mattei was also a good business man, and there is still a mint of money in the electricity-business, which will probably provide a comfortable competence to Signor Venturoli Mattei, the Count's adopted son. It is stated that at first Mattei was in the habit of giving his remedies away to all comers, but for many years he has made a regular trade of their sale—100f. per litre, we believe, is the wholesale market quotation for his bottled electricity—and he has lived on a constant war-footing with the qualified medical men of his country. Mr. Stead, indeed, relates that his castle is approached by a steel draw-bridge, where every visitor is challenged and closely scanned, and that a revolver and sword were always within the Count's reach, in order to protect him from the murderous plots of the medical faculty, of which he was ever in dread. Draw-bridge, sword, and pistol may have been stage-properties pertaining to the concern, but they were probably effective in attracting customers, and, at any rate, they shed a melodramatic lustre upon the medicine-business.—*Chemist and Druggist.*

HOMŒOPATHIC MEDICAL APPOINTMENTS.

THE *North American Journal of Homœopathy* informs us that Dr. Cigliano, of Naples, whose presence with us in 1881 added so much to the pleasure and practical usefulness of the International Congress of that date, as we trust that it will do to that to which we are looking forward as occurring during the first week in August, has been appointed to lecture upon homœopathy in the university of Naples.

The same authority states that a homœopathic physician has been appointed medical officer of the gaol in Baltimore, while another has been appointed assistant Health Commissioner. The Maryland Legislature has appropriated \$1,000 annually to the Maryland Homœopathic Hospital.

DIPHTHERIA ANTITOXIN.

FROM time to time apparent remedies for diphtheria have appeared. They have often been highly recommended; but as a rule, they have been short lived and soon discarded. That such remedies should meet with favour is not altogether surprising, when the close resemblance of the anatomical lesions of catarrhal angina to those of diphtheritic angina is considered. It is very difficult to distinguish one from the other, and hence many remedies have received the credit of curing diphtheria when in fact this disease was not present. Of late the bacteriological test seems to have superseded the clinical evidences as a diagnostic feature, but this has not brought light out of darkness; for the postulated organism may appear in throats of healthy children who never suffer from its presence, so that at the present time a diagnosis of diphtheria cannot be made at a glance, on account of the similarity of the anatomical lesions and clinical aspect to catarrhal angina during the first 24-36 hours of its presence.

Not a few have had the experience of being called to see children suffering with an inflammation of the fauces, whose anatomical and clinical features prompted the bacteriological examination for diphtheria, which showed the presence of the Klebs-Loeffler bacillus, while subsequent developments proved that the patient had been suffering with catarrhal angina instead of diphtheria.

With the difficulties in the way of a diagnosis of this malady a vast experience will be required before the efficacy of a remedy can be judged. This is particularly true of any substance such as diphtheria antitoxin, whose physiological effect is so little known.

Judging from the experiments of Behring and others, this remedy merits careful consideration; yet, knowing the result

of transfusion of heterogeneous serum as developed from the experiments of Landois, Ponfick and others, it is rather improbable that this remedy may be used without great care and discretion.

Unquestionably antitoxin is a modified serum, but this modification is not sufficient to destroy its sinister effect on the circulation and kidneys, as is indicated by the experiments of Vissman and Chapin.

The results of those experiments are not sufficient to cause great alarm in most healthy children, nevertheless Alfoeldi reports a case of death after the administration of an immunizing dose of serum. In this case it was not proven that there were other causes for the disastrous result. An extremely important omission. Huebner reports that as the dose administered was increased the per cent. of post-diphtheritic paralyses increased in a greater ratio than the dose. This, however, may be an insignificant drawback, provided the mortality of the disease be so much diminished as statistics apparently indicate.

Behring's experiments show that diphtheria antitoxin has an antidotal effect on toxins of the Klebs-Loeffler bacillus, but its value in the treatment of the disease is problematic; for when he introduced toxin and antitoxin at the same time the animals suffered no ill effect; the same result took place when toxin was administered twelve hours after antitoxin, but when antitoxin was administered twelve hours later than the toxin, recovery was not the rule.

This last experiment resembles the condition which confronts the physician. Parents as a rule do not consult him before the child begins to show the effects of some disease. Again, at times, the little patients have been treated by eminently capable physicians (Henoch) for other troubles, and diphtheria was never suspected until paralyses appeared. These errors are fortunately infrequent, but they indicate, as stated above, that a positive diagnosis is not always an easy matter, and very often requires more than twelve hours' observation.

The experiments of these authors show that the longer the time between infection and administration of serum, the less the probabilities of recovery. In fact, according to Behring, it is useless after three days have passed.

If this remedy has lessened the mortality of diphtheria it is probably due to increased watchfulness of parents, prompting them to consult a physician earlier than formerly, thus beginning the treatment very soon after infection. There may be other causes; for example, the temporary leucocytosis which serum produces, as shown by Loewy and Richter. At

all events, the present status of antitoxin does not justify abandoning all other remedies for serum-therapy. (William Vissman, M.D., New York.)—From *Pediatrics*, March 1, 1896.

DIET-HABITS OF NATIONS.

DR. A. THURMAN, in the *Anthropological Review*, published at Milan, gives an interesting summary of the dietetic habits of the rural population, the healthiest portion, of several European countries as follows:—

BELGIUM.—Coffee, black bread, potatoes, vegetables, chicory, and sometimes salaisons.

ENGLAND.—Beef, pork, potatoes, vegetables, tea, cheese, beer, cider.

IRELAND.—Oatmeal bread, potatoes, beans, milk, butter, vegetables,

SCOTLAND.—Oatmeal bread, potatoes, milk, butter, coffee, tea, very rarely flesh.

RHENISH PRUSSIA.—Milk, soup, dried fish, grapes, potatoes, flesh only for the feast days.

SAXONY.—Bread, butter, cheese, soup, vegetables, coffee, flesh only on feast days.

BAVARIA.—Porridge, butter, milk, cabbage, potatoes.

ITALY.—Macaroni, bread, fruits, beans, peas, and lentils, wheat, rice, grapes, wine, a very little flesh on feast days, but only in certain regions.

SPAIN.—Bread, vegetables, fish, fruits, flesh only occasionally.

RUSSIA.—Rye bread, cabbage, mushroom soup, wheat cooked with milk and oil.

SWEDEN.—Potatoes, rye, oatmeal, barley, milk, salt herring, beer, no flesh food.

SWITZERLAND.—Cheese, milk, coffee, vegetables, soup, wine, very rarely flesh.

FRANCE.—In the neighbourhood of Bourgoyne meat is eaten but once a year. The peasants of Morvan eat meat twice a year. The peasants of Sardinia once a year; the peasants of Auvergne very seldom; the Bretons never, except rich farmers, who eat flesh on feast days.

We see from this table that European peasants, the hard workers, subsist almost wholly upon fruits, grains, and vegetable food, a regimen which is highly economical, and by which they are sustained in good health. The peasants live to be much older than aristocrats and crowned heads who feast upon meats and the luxuries of courts.—*Homœopathic Messenger*.

BERBERIS VULGARIS IN RENAL COLIC.

DR. P. PINART, of Barcelona, was suddenly called to a man of forty-five years, of herculean constitution, addicted to alcohol, and a stevedore on the docks, who complained of an atrocious pain in the region of the right kidney, with repeated rigors, nausea, vomiting with cold sweating. His urine was suppressed. Renal colic was diagnosticated, and berberis vulg. 8x was administered every hour. After the third dose the pain diminished, and he passed urine which contained a great quantity of sediment and gravel. The patient made an uneventful recovery.—*Revista Homœopatica*, No. 9, 1895. (Abstracted by *Hahnemannian Monthly*.)

CENANTHE CROCATI IN EPILEPSY.

DR. V. RAPPAZ was consulted with regard to a young girl of ten years who suffered for three years from epilepsy, and who under distinguished allopathic treatment had steadily grown worse; the seizures gradually increasing in frequency and intensity. The patient was depressed, pale, and without appetite from overdosing with various bromides. April 18th, she received cenanthe crocata 6 cent. dil. No attacks until May 12th, when a slight seizure occurred. June 8rd, she had a mild seizure of vertigo, without losing consciousness. The twelfth dil. was then given, and no other attacks appeared. She has entirely regained her health.—*Boletin de Homœopatia*, 1895.

THE ARBORVITAL LEAGUE

(IN CONTEMPLATION.)

The following has been sent to us for publication :—

“ Objects—

“ I.—To advocate the better Governmental supervision of the land of countries, in the interest not only of the agriculturist, but of all classes, more especially as regards afforestation.

“ II.—The acquisition of Railways and Canals by Government with a view to lessening the burdens upon land and lightening the cost of transport of home products.

“ III.—The insistence by Government, in the interests of public health, upon the maintenance of river channels in unimpeded flow, of the fertility of the fields by the natural shelter of trees, as well as by productive cultivation and the regulated grazing of domestic animals.

“ IV.—The establishment of centres of instruction throughout the country for the systematic education of the people in improved methods of manufacturing agricultural products.

“ Honorary Secretary (pro tem.) and Founder,

ROBERT T. COOPER, M.D.,

80A, George Street,

Hanover Square, W.”

SPECIALISTS.

HIGBEE (*Pacific Coast Journal*) asks the question—

“ How shall the specialist best qualify himself for his work ? ”

His own answer is :—

“ From many years of experience and observation it is our opinion that no physician can be equipped as he should be to practice any specialty until he has spent from five to ten years in general practice. We also believe that the more fully a physician is obliged to depend upon his own resources and judgment, the greater will be his success in after-years. This training will develop a habit of research and study which nothing else can develop. It teaches him to apply his knowledge to the definite case under his care. He will find that no two cases are alike ; they may be similar, but never the same. He will learn that the totality of the objective symptoms does not always give a correct index of the disease ; he must learn to properly weigh these symptoms and interpret them by well-known pathological facts before he can choose the remedy. Again, he must learn to differentiate between the diseases which are curable by internal remedies and those which require topical or surgical treatment. It seems to us almost impossible that a physician can learn all this unless he has considerable experience in a general practice.”

RHUS TOX CASES.

Rhus Tox in Splenitis.

PATIENT, twenty-four years, came to be treated for splenitis.

History and symptoms: Costiveness since about eight days; before this he passed daily two stools, but now only one stool daily, hard and with no regularity of time; splenitis—pain in spleen—felt by pressing the organ, in inspiration, in coughing; not felt on lying on the affected side, felt *increased after taking meals*; *feels in movement*, but not much; also feels pain in left shoulder, posterior part, on about the lower end of the

upper third of the dorsal or posterior margin of the left scapula, this pain being felt in moving the arm and the shoulder. No other complaints. Tongue clean; taste good; urine not coloured. The day before yesterday had been a rainy day, and the night before the last was not rainy but cloudy and cool. *Walked and worked in the rain the previous day.*

Remarks: One globule of rhus tox. 6, in one dose, cured him.

Rhus. tox. in parotitis.

Patient, about eight years, came to dispensary with parotitis, for its treatment.

"History and symptoms: Nasal catarrh continuing since five or six days; discharge thick; no cough; fever since last evening, and just after that *pain on both sides of neck on the parotid regions*, fever still continues; slight carotid pulsation. Tongue, *reddish points on sides and tip*; middle and back parts slightly yellowish and moist; *no thirst*; *change of water for bathing is ascertained by the mother to have been the cause of the coryza*. One formed stool yesterday; no stool this morning; *pupils widely dilated*; *slight injections of palpebral vessels*; passed no water this morning; had itch last year and cured with external application. Fever did not commence with chill.

"Treatment: Rhus. tox. 6, one globule per dose. Two doses per diem.

"Two days later. No more fever; no stool; inflammation much reduced; slight swelling and slight pain remaining. Placebo.

"Next day. No fever yesterday and no fever now; one formed stool yesterday; no stool to-day; swelling much reduced; says: "*more pain than yesterday.*"

"Treatment: Rhus. tox. 6, one dose as above.

"80-10-95. 8.55 A.M. Fever yesterday since 9 A.M. till now; no perfect remission as yet; no stool yesterday; took nothing yesterday; pain and slight swelling in both parotid regions.

"Remarks: Two doses rhus tox. 6 (a globule a dose) and, to complete the cure, three doses of sulph. 12 (one globule a dose) were given to the patient, which restored him to perfect health. Patient attended dispensary two weeks and got five globules (a globule a dose) in all to cure him. Mother of patient mentioned change of water for bathing caused me to remember '*ill effects of getting wet*' indicates rhus tox."

Rhus tox. in suppuration of the eyes.

Dr. F. H. Boynton testified to the great value of rhus tox.

in controlling suppuration of the cornea following cataract extraction. After giving details the doctor said :

“ The object of reporting the fortunate outcome of this most unpromising case, is to call attention to the great value of *rhus toxicodendron* in checking the suppurative processes of the eye. It has long been held in high esteem for its influence over phlegmonous inflammations of glandular and cellular tissue and for arresting suppurative inflammation of the iris and ciliary body. Several cases of these two latter tissues, threatening destruction of the eye by panophthalmitis, have been reported where the suppurative process has been arrested and the eyeball saved with useful vision. Orbital cellulitis, with or without abscess, yields more frequently to this drug than to any other. Only a few cases of threatened loss of cornea through suppuration following cataract extraction have been recorded. I do not know of a single case, so far advanced as this one, where the inflammation was so completely controlled and the integrity of the tissues so thoroughly restored.

PRUNUS SPINOSA IN CILIARY NEURALGIA.

PAIN in the eyeball as if it were crushed or wrenched, or pain as if pressed asunder. Or pain, of a sharp, shooting character, extending through the eye back into the brain, or this sharp pain may be seated above the eye, extending into and around it over the corresponding side of the head. Sometimes the pain will commence behind the ears and shoot forward to the eye, but, as remarked, it is generally of this sharp, piercing character. Motion usually aggravates and rest relieves the severity of the pain. The pains are usually periodic in character and may be worse at night.—*Hom. Eye, Ear and Throat Journal*.

MEDICAL ADVERTISING.

MR. LAWSON TART has made an exceedingly interesting contribution to a discussion which is going on in the *Medical Press* on the ethics of professional advertising. It will be remembered that at Manchester Assizes, a few weeks since, a medical journal was mulcted in £150 damages for libelling a practitioner at Blackpool by some severe strictures upon his conduct in allowing himself to be advertised as the physician of a hydropathic establishment. Curiously enough, on the very day that this case was reported there appeared in the *Times*, among the paragraphs under the “ Court Circular,” an announcement that the gentleman who edits the medical

organ referred to had "left for a yachting tour to the Riviera for the restoration of his health, which has not recovered from the overstrain of his recent sanitary tour in India." Like Mr. Crummles, I have often wondered how these things get into the papers. Mr. Lawson Tait has solved the mystery. He applied to the *Times*, and in reply was informed that announcements of that class were inserted at the price of one guinea for three lines, and 10s. 6d. for every additional line. —*Truth*, March 26th, 1896.

OBITUARY.

WILLIAM SHARP, M.D., F.R.S.

WE deeply regret to have to announce the death, after a short illness, while on a visit to Llandudno, of our old friend and frequent contributor Dr. Sharp, of Rugby.

WILLIAM SHARP was born at Armley, near Leeds, on the 21st of January, 1805. His family had resided in that neighbourhood and at Horton, near Bradford, for several generations. One member of it was the Archbishop of York between 1691 and 1714. Another, who acquired considerable distinction as an astronomer and mathematician, was Abraham Sharp, of Horton Hall, Bradford. He was educated at the Wakefield Grammar School, under the supervision of his uncle, the Rev. Samuel Sharp, then vicar of Wakefield, from whom he passed to Westminster School. He was at first intended for the service of the Church, but returning to Bradford he was in 1821 articled to his uncle, William Sharp, then the leading surgeon in Bradford. He subsequently served under the highly distinguished surgeon, William Hey, of Leeds. From him he proceeded to London, where he studied at the then united hospitals of Guy's and St. Thomas's. In 1826 he obtained the license of the Society of Apothecaries, and in the following year was admitted a member of the Royal College of Surgeons. He now crossed over to Paris, where he attended the Hôtel Dieu and the Military Hospital, following Dupuytren at the former and Baron Larrey—Napoleon's great army surgeon—at the latter. Sharp's natural bent ever inclined him to the study of physical science, and accordingly he availed himself of the splendid opportunities for the study of it presented at the Sorbonne, by attending the lectures of Gay Lussac on physics, those of Thénard on chemistry, and listened to Orfila on toxicology at the School of Medicine. After spending a year in Paris, he returned to Bradford as an assistant to the uncle with whom he had served his

articles. In 1829 he was elected surgeon to the Bradford Infirmary, an office which he filled with much distinction for 14 years. His uncle dying in 1838, he succeeded to his practice, and for 10 years conducted one of the largest general practices in the West Riding. Medicine and surgery did not, however, exhaust his energies, for he exerted himself to form, and succeeded in forming, the Bradford Philosophical Society, now a flourishing society. Of it he was the first President, and to its members he, in the winter of 1838-39, delivered a course of lectures on natural science, which attracted a great deal of attention in the town, and assured the success of the society. In undertaking this work in the town where he resided, he was not merely interested in promoting the study of natural science, but also in establishing a museum, limited to objects of interest derived from the surrounding neighbourhood. At the Birmingham meeting of the British Association he read a paper on "Local Museums," advocating the establishment of such upon lines similar to those he had been adopting in Bradford. This paper attracted a great deal of attention, and led to the establishment of similar institutions in a large number of provincial towns. Largely in consequence of his work in this direction, he was, in 1840, elected a Fellow of the Royal Society; an institution in which he took the deepest interest throughout his life.

In 1848 he left Bradford, transferring his extensive connection to Mr. R. H. Meade. For four years he resided in Hull, where he limited his professional engagements to surgical consulting work, giving courses of lectures on chemistry during the winter. At the conclusion of this period, the education of his sons demanding his attention, and being desirous of placing them under the care of Dr. Tait (afterwards Archbishop of Canterbury) he removed to Rugby, where, at Horton House, he resided for the remainder of his life.

Here his energy in the promotion of science led to his inducing Dr. Tait to add the teaching of natural science to the course of study pursued at Rugby. Dr. Tait consented, provided that Dr. Sharp would become the first teacher, and under the style of Reader in Natural Philosophy he conducted the classes for several years; with what a degree of success may be gathered from a remark of the late Judge of the County Court of Chester: "If," said Tom Hughes, "Tait had done nothing else at Rugby than appointing Sharp, not without difficulty, as Reader in Natural Philosophy, he would have deserved the gratitude of every Rugby man."

It was in 1849 or 1850, we believe, that the late Dr. Ramsbotham, of Leeds, an old and attached friend of Dr. Sharp, on

taking his son to school at Rugby, pressed upon him the duty of investigating homœopathy. He refers to this incident in his *Essays on Medicine*, p. 815. Having referred to medical men who had been persuaded to examine the new system by the representation of medical friends who had become converts, and whom they respected as honest and conscientious men, he goes on to say, "Of this number I am one, having been urged to undertake the investigation described in these *Essays* by my friend, Dr. Ramsbotham. It was represented to me that I had had ample experience of the usual methods, which would enable me to compare the new one with them; that having retired from the laborious part of my professional duties, I had leisure and opportunity; and, in short, that it was my duty. I hesitated at first, but it had been laid upon my conscience, and after some consideration I determined to take two years to give it a full investigation. I had no other wish than to discover the truth."

The immediate result of this enquiry was the publication of twelve essays, under the title of *Tracts on Homœopathy*. The first, on *What is Homœopathy?* constitutes the best reply to that question which has ever been issued. Then followed others, equally good, on *The Controversy on Homœopathy*, *The Principle of Homœopathy*, *Provings in Health*, *The Single Medicine*, *The Small Dose*, *The Difficulties of Homœopathy*, *The Advantages of Homœopathy*, and *The Common Sense of Homœopathy*.

In a review of the *Essays on Medicine*, which appeared in our pages in 1874, the writer said, "Few, if any, expositions of homœopathy have had so satisfactory an influence on its progress as the first twelve of these papers have had. Their circulation, both here and in the United States, has been simply enormous; while the number of medical men who are ready to admit that their first inducement to put homœopathy to the clinical test proceeded from a perusal of 'Sharp's tracts' is far from inconsiderable." Indeed, as we reflect upon the progress of homœopathy and the means used to effect it, we can remember nothing that gave to it so great an impetus as did the first dozen of Sharp's tracts.

Some thirty years ago, a monthly medical periodical ran a brief existence in London. Dr. Sharp contributed three or four articles on some phases of homœopathy. To these, replied the late Dr. Semple. This journal was under the editorship of the late Dr. Alfred Meadows, who was we know sincerely anxious that the truth regarding homœopathy should be threshed out by discussion in the pages of his journal. But when the third or fourth of Dr. Sharp's papers was received, Dr. Meadows was most unwillingly compelled to decline

its publication. He wrote to Dr. Sharp expressing his regret and reciting the circumstances which compelled his decision. It seems, that several of his contributors called upon him, and stated that unless Dr. Sharp's papers were stopped at once, they would withdraw their support from his journal. Dr. Meadows argued with them to the effect that the surest way to extinguish homœopathy was to let its falsity be seen by full discussion, and that it was the want of fair play, hitherto shown by the profession to its supporters, that had given to it the strength it then had. All that Dr. Meadows could urge on behalf of unfettered discussion and freedom of opinion in medicine was of no use. Sharp must be stopped. One of the deputation, who had a paper already in type, saying that if he were not, and that at once, he should insist on the type of his paper being broken up. The force of Dr. Meadows' argument was admitted, as regards most subjects, but with regard to homœopathy it had none, for as one of the deputation blurted out, "We can't afford it." Dr. Meadows concluded: firstly, that as he could not conduct the journal without their aid, Dr. Sharp's papers would not in future be allowed to appear. Secondly, that as he would not conduct a medical journal in which fair-play was not allowed to every subject of medical controversy, he should at once give notice to the publishers of his resignation of the editorship at the end of the year. This he did; no fresh editor was appointed, and the journal came to an end. Cause of death—homœophobia.

At the British Medical Association meeting in Nottingham in August, 1866, Dr. Sharp read a paper on *The Physiological Action of Medicines*. Having referred to what he considered the defects of Hahnemann's method of drug-proving, he said: "Notwithstanding these defects, obvious and grave as I think they are, the work undertaken and accomplished by Hahnemann was a mighty work and nobly done, and I trust the time will come when he will receive the grateful thanks of the profession as well as of the world."

At the meeting of the British Homœopathic Congress in Leamington in 1878, he was the President, the subject of his address—*The Kind of Action of Drugs, The Action of Small Doses, A Law for the Dose*—"The hours of thought and of careful experimentation," said Dr. Hughes, in proposing the toast of the President's health after dinner, "which that paper evinced entitled it to their respectful attention, and he hoped that it would set them thinking in the direction which Dr. Sharp desired, and that they would have cause to thank him for having set them going."

After completing the exposition of homœopathy given in

the first twelve essays, Dr. Sharp devoted himself to a criticism of Hahnemann, and to the endeavour to ascertain the natural law upon which the general fact of the principle of *similia similibus curentur* as a rule of drug selection rested. Of ingenuity, industry and sincerity in conducting such a research Dr. Sharp had no lack. But nearly every reference to Hahnemann showed an entire want of acquaintance with the character of the sage of Coethen, of the circumstances under which he lived and wrote, and of the state of medical knowledge in the early part of the century. His imperfect knowledge of the literature of homœopathy prior to his making his early enquiries was particularly conspicuous, and led to much of the somewhat harsh and contemptuous criticism which these essays provoked from men who knew Hahnemann thoroughly, understood his career and appreciated the difficulties and trials which surrounded him—from those who had made a study of homœopathic literature, and recognised in the views, which Dr. Sharp evidently thought that he had been the first to express, the opinions long since published to the world of Trinks, Rau, Watzke, Hering, Madden, Black, &c. That this criticism was, in most instances at least, sound, we are convinced, but the phraseology in which it was couched was frequently needlessly offensive and injudicious. Dr. Sharp felt it deeply. He was one of those extremely sensitive men who could with difficulty endure adverse criticism however delicately put. On one occasion, after reading one of the critiques, we remember his telling us that it made him so ill as to compel his confinement to bed for two days! He knew, moreover, from the assurance of the general body of those of the profession who value homœopathy, that whatever might have been his errors, he had done a good and useful work both among the profession and the public in extending a knowledge of the fundamental truths of Hahnemann's method. The course of his researches led him to believe that, in the doctrine of the opposite effects of large and small doses—a doctrine to which he gave the name of *Antipraxis*—he saw a substitute for homœopathy. But however true this doctrine may be, for clinical purposes it teaches nothing. By the kind of light it affords, the choice of the most suitable medicine in a given case becomes impossible. The light it does supply is that it sheds on the *modus operandi* of the homœopathically selected drug. It is, in short, an explanation of homœopathy, not a substitute for it. A medicine, that is, which is selected on the ground of the similarity of the symptoms it evokes, when given in a comparatively large dose to a healthy person, to those of the

disease to be cured, probably acts upon the part antipathically. The selection is homœopathic, the *modus operandi* of the remedy thus selected, it is that is antipathic. We may repeat here what we wrote in this *Review* in a note appended to almost the last paper that Dr. Sharp honoured us with:—"We have very little doubt that it will be, as interpreting homœopathy rather than as superseding it, that the work Dr. Sharp has endeavoured to do in the eventide of his long and useful professional career will be valued in the future."—(Vol. xxxi., 479.)

During many years following the commencement of his investigation of homœopathy, Dr. Sharp conducted an extensive and laborious consulting practice throughout Warwickshire, Northamptonshire and Derbyshire. He retained a large share of vigour until a comparatively few years ago.

He had been in more than usually good health for some months, his visit to Llandudno being undertaken for the benefit of Mrs. Sharp. He had stayed there eight weeks and had greatly enjoyed the change, he and his wife celebrating whilst there, their diamond wedding-day, when a little over-fatigue on the 31st of March, followed by two or three sleepless nights, was succeeded by a bronchial catarrh and great exhaustion. Dr. Nicol of Llandudno was called in, and on the 8th ult. Dr. Ramsbotham of Leeds was telegraphed for and remained with him till the end came, quietly at last, his mental faculties unclouded, after several days of painful struggle for breath, on the 10th of April. His remains were interred in the grave yard of the pretty little church of Llanrhos, about two miles from Llandudno.

As a man, he was marked by great geniality and tender-heartedness, courteous and kind to all with whom he came in contact, full of information upon a large variety of topics, he was one of the most agreeable of companions, taking the greatest pleasure in communicating the fruits of his reading, observation and experience to those who visited him. In figure he often reminded us of Syme, the great Edinburgh surgeon; but how different the expression of countenance of the two men! Syme, all severity and hardness; Sharp, all gentleness, tenderness and benevolence.

Homœopaths, the world over, owe much to him for having extended the knowledge of the value of the fundamental principles of homœopathy. Let us remember this, and not too harshly criticise his failure to appreciate the character of Hahnemann or the undue importance which he attached to some of his later enquiries. That he devoted his life to doing good and useful work all will acknowledge; that he succeeded

in doing a great deal, a very great deal, all will gratefully admit.

He is mourned by a widow, a daughter, and three sons, who have the sympathy of numberless attached friends in the loss they have sustained, and of none more sincere than the editors of this *Review*, who remember with pride the many valuable papers their departed colleague published in its pages.

CHARLES THOMPSON, M.R.C.S., L.S.A.

We are sorry to have to record the death of Mr. Charles Thompson, of Stamford Street, Ashton-under-Lyne, which occurred on Thursday night, April 9th, 1896. Mr. Thompson was born at Oakham, Rutlandshire, 72 years ago, and received the diplomas M.R.C.S. and L.S.A. in 1847, he then being resident in Salisbury. He afterwards came to Manchester, where for some time he held the position of medical officer at the dispensary in Oxford Street. Leaving Manchester, he took up practice in Preston, Lancashire, remaining there for about 10 years, until the latter part of September, 1864, when he succeeded the late Dr. Clare, of Ashton-under-Lyne. Notwithstanding his ripe age, Dr. Thompson continued to discharge his professional duties most energetically up to Good Friday, when he was compelled to take to his bed. For some days preceding he had been suffering from a very severe influenza cold, which he hoped to throw off, but serious symptoms set in on the following Monday, when Dr. Douglas Moir, of Manchester, was summoned, and though the best medical skill was brought to bear, all efforts were unsuccessful, and Mr. Thompson passed away rather suddenly on the following Thursday, from congestion of the lungs and nephritis.

Mr. Thompson leaves a wife, two sons and two daughters, three of the children being by his first wife.

During the 81 years of his residence in Ashton he has made a large circle of friends in the town and district; and his skill as a physician, his sympathetic nature, kind-heartedness and genuineness of spirit, were acknowledged for miles around, and endeared him to the hearts of all.

His dispensary practice was very large, and he did much useful work amongst the working classes particularly.

Arrangements for a successor are almost completed, and in the meantime the duties are being performed by Mr. Charles S. Spencer, of Royton, who has previously acted as *locum tenens* for Mr. Thompson.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY**.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from **Dr. BURFORD** (London); **Dr. MIDGLEY CASH** (Torquay); **Mr. SPENCER** (Royton); **Dr. RAMSBOTHAM** (Leeds).

BOOKS RECEIVED.

Occasional Papers. By Dr. Stammers Morrisson. London.—*Year Book.* Boston Homœopathic Medical Society. 1896.—*The Practice of Medicine.* By Marvin A. Custus, M.D. Philadelphia.—*Report of Calcutta Homœopathic Charitable Dispensary.* No. XI. 1895. Calcutta.—*The Homœopathic World.* April. London.—*Medical Reprints.* April. London.—*The Chemist and Druggist.* April. London.—*The Calcutta Medical Journal.* February.—*The North American Journal of Homœopathy.* April.—*The Medical Times.* April. New York.—*The Medical Century.* March 15 and April 1. New York and Chicago.—*The Chironian.* March 16. New York.—*The Homœopathic Eye, Ear and Throat Journal.* April. New York.—*The Medical Mission Herald.* February. Chicago.—*The New England Medical Gazette,* March. Boston.—*The Hahnemannian Monthly.* April. Philadelphia.—*The Homœopathic Recorder.* March. Philadelphia.—*The Southern Journal of Homœopathy.* March. Baltimore.—*The Pacific Coast Journal of Homœopathy.* February and March. San Francisco.—*The Homœopathic Envoy.* April. Lancaster.—*The Medical Argus.* March. Minneapolis.—*The Homœopathic Magazine.* March. Minneapolis.—*Revue Homœopathique Française.* March. Paris.—*Revue Homœopathique Belge.* March. Brussels.—*Archiv für Homœopathie.* March. Dresden.—*Populäre Zeitschrift für Homœopathie.* April. Leipzig.—*Homœopathisch Maandblad.* April. The Hague.—*Rivista Homœopatica.* January. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; or to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

JENNER.

THE history of medicine records the work of no member of the profession, whose researches and experiments have had a greater influence on stopping the dissemination of a malignant disease, than have those of the country surgeon of Berkeley, in Gloucestershire, who, just a century ago, initiated the general adoption of vaccination as a protection against small-pox. It was on the 14th of May, 1796, that JENNER inoculated a boy, of eight years of age, with matter taken from the hand of a dairymaid, who had contracted the vaccine disorder from milking her master's cows. A few months later, this boy was inoculated with small-pox virus, "which," JENNER, in a letter to a friend, describing the occurrence, says, "as I ventured to predict, produced no effect."

That cow-pox inoculation would protect from small-pox was a tradition among the dairy-maids of Gloucestershire. JENNER first became acquainted with it while serving his articles with Mr. LUDLOW, of Sodbury, in that county. A young girl came to the surgery for advice, and, on small-pox being referred to, said, "I cannot take that disease for I have had cow-pox." A little seed was, as it were, blown upon a fruitful soil, and the idea thus conveyed to him never left his

thoughts. While a student at St. George's Hospital, he mentioned the circumstance and the thought it suggested to JOHN HUNTER, whose remark upon it was, "Do not think, but try; be patient, be accurate." This occurred about, or soon after, the year 1770. He was both patient and accurate in his enquiries. His patience was such that, with the deep impression made upon his mind by the communication made to him in the surgery at Sodbury, it was not until 1780, that he felt sufficient confidence in the truth of the observation to make it known to others. In communicating it to his chief friend, GARDNER, when riding with him on the Gloucester and Bristol road, and having described to him the origin of cow-pox and of its communication to the milkers, to whom it gave security against small-pox, he expressed his hope that he might be able so to propagate it from one human being to another as ultimately to extinguish that disease from the earth; and concluded by saying, "GARDNER, I have entrusted to you a most important matter, which, I firmly believe, will prove of essential benefit to the human race. I know you, and should not wish what I have stated to be brought into conversation; for, should anything untoward turn up in my experiments, I should be made, particularly by my medical brethren, the subject of ridicule, for I am a mark they all shoot at." Eight years later, when on a visit to London, he endeavoured, without much success, to interest the members of the profession there in his work. One exception there was, and he was Mr. CLINE. On returning home, JENNER renewed his enquiries and experiments, performing his first vaccination in 1796. Two years later, he published *An Enquiry into the Causes and Effects of the Variola Vaccinæ, a Disease discovered in some of the Western Counties of England, particularly Gloucestershire, and known by the name of the Cow-pox. London, 1798.* Just before the publication of this work, Mr. CLINE wrote to JENNER, giving him the result of his own experiments. In doing so he said, "The cow-pox experiment has succeeded admirably. The child sickened on the seventh day; and the fever, which was moderate, subsided on the eleventh day. . . . I have since inoculated him with small-pox matter in three places, which were slightly inflamed the third day, and then subsided."

At the time when JENNER was experimenting an attack of small-pox was considered to be the inevitable lot of every human being born into the world. That an enormous proportion did contract it is shown by the bills of mortality on the one hand, and the numerous pock-pitted countenances seen in the streets. When servants were advertised for one of the requirements usually was that they "must have had the small-pox in the natural way," the "natural way" being in contradistinction to the inoculated small-pox introduced by Lady WORTLEY MONTAGU. Sir JOHN SIMON, in his evidence before the Royal Commission on Vaccination, stated that, in the last century, small-pox was a common current contagion in the country, and everybody expected to have it, and sooner or later nearly all got it.

That a disease, the contagious nature of which was so widely diffused, could be stamped out by so simple a process as that worked out by JENNER constituted an innovation against the ordinary course of events, which almost necessarily provoked opposition. We can well understand how it would be received as "absurd," "impossible," and so on. The more so as failures from carelessness in the selection of lymph and in operating, and the consequent want of success in procuring the protection expected, were certain to occur in a matter so recently made known to the profession.

This JENNER had anticipated. The anti-vaccinationists of the period were as ingenious and as attractive in their methods of their warfare as are those of our own time, perhaps even more so, for we read of caricatures being circulated on which persons are drawn with horns and cow's heads growing from their bodies, as the result of vaccination. Professional opposition of a similar character to that now met with was active, Dr. ROWLEY and Dr. MOSELY rendering themselves as conspicuous in this opposition as do Dr. CREIGHTON and Dr. JOB COLLINS to-day. In another form the work of JENNER ran great risk of shipwreck, and but for his caution, intelligence, and energy would doubtless have made it. "The first serious risk," says Dr. RUSSELL, "encountered by vaccination was from the indiscretion of two of its earliest advocates, Dr. PEARSON and his colleague, Dr. WOODVILLE. They were physicians to the Small-Pox Hospital, and there made experiments with the

vaccine matter in so careless a manner that they mixed the small-pox and the vaccine disease, and produced a sort of hybrid which was capable of producing true small-pox, and when they believed they were disseminating innocuous vaccine they were really spreading its deadly sister disease. The consequence was that an alarm was raised that the pretended discovery was good for nothing, and it required all JENNER's penetration of mind and vigour of character to detect and arrest this dreadful calamity. He went to London, expostulated with the great men there, and exposed their errors. By so doing he succeeded in recovering his discovery from destruction, and for securing for himself the lifelong hatred of those whom he had been obliged to correct."*

In an Essay published in 1801—*The Origin of the Vaccine Inoculation*, by EDWARD JENNER, M.D., F.R.S.—he gives the following interesting summary of the difficulties he had encountered in prosecuting his enquiries during the twenty-four preceding years, appears :—

“ My inquiry into the nature of the cow-pox commenced upwards of 25 years ago. My attention to this singular disease was first excited by observing, that among those whom in the country I was called upon to inoculate, many resisted every effort to give them the small-pox. These patients I found had undergone a disease they called the cow-pox, contracted by milking cows affected with a peculiar eruption on their teats. On enquiry, it appeared that it had been known among the dairies from time immemorial, and that a vague opinion prevailed that it was a preventive of the small-pox. This opinion I found was comparatively new among them; for all the older farmers declared they had no such idea in their younger days—a circumstance that seemed easily to be accounted for, from my knowing that the common people were very rarely inoculated for the small-pox, till that practice was rendered general by the improved method introduced by Suttons; so that the working people, in the dairies, were seldom put to the test of the securing powers of the cow-pox.

“ In the course of the investigation of this subject, which, like all others of a complex and intricate nature,

* History and Heroes of Medicine, p. 367.

presented many difficulties, I found that some of those who seemed to have undergone the cow-pox, nevertheless, on inoculation with the small-pox, felt its influence just as if no disease had been communicated to them by the cow. This occurrence led me to enquire among the medical practitioners in the country around me, who all agreed in this sentiment, that the cow-pox was not to be relied upon as a certain preventive of the small-pox. This for a time damped, but did not extinguish my ardour; for, as I proceeded I had the satisfaction to learn that the cow was subject to some varieties of spontaneous eruptions upon her teats; that they were all capable of communicating sores to the hands of the milkers; and that whatever sore was derived from the animal was called in the dairy cow-pox. Thus I surmounted a great obstacle, and in consequence, was led to form a distinction between these diseases, one of which only I have denominated the true, the others the spurious cow-pox—as they possess no specific power over the constitution. This impediment to my progress was not long removed, before another of far greater magnitude in its appearance started up. There were not wanting instances to prove that when the true cow-pox broke out among the cattle at a dairy, a person who had milked an infected animal, and had thereby apparently gone through the disease in common with others, was liable to receive small-pox afterwards. This, like the former obstacle, gave a painful check to my fond and aspiring hopes; but, reflecting that the operations of nature are generally uniform, and that it was not probable the human constitution (having undergone the cow-pox) should in some instances be perfectly shielded from the small-pox, and in many others remain unprotected, I resumed my labours with redoubled ardour. The result was favourable, for I now discovered that the virus of the cow-pox was liable to undergo progressive changes from the same causes precisely as that of the small-pox, and that when it was applied to the human skin in its degenerated state, it would produce the ulcerative effects in as great a degree as when it was not decomposed, and sometimes far greater, but having lost its specific properties it was incapable of producing that change upon the human frame which is requisite to render it unsusceptible of the variolous contagion, so

that it became evident a person might milk a cow one day, and having caught the disease, be for ever secure, while another person, milking the same cow the next day, might feel the influence of the virus in such a way as to produce a sore or sores, and in consequence of this might experience an indisposition to a considerable extent; yet, as has been observed, the specific quality being lost, the constitution would receive no peculiar impression.

“Here the close analogy between the virus of small-pox and of cow-pox becomes remarkably conspicuous; since the former, when taken from a recent pustule, and immediately used, gives the perfect small-pox to a person on whom it is inoculated; but when taken in a far advanced stage of disease, or when (although taken early) previously to its insertion it be exposed to such agents as according to the established laws of nature, cause its decomposition it can no longer be relied upon as effectual. This observation will fully explain the source of those errors which have been committed by many inoculators of cow-pox.

“Conceiving the whole process to be extremely simple, as not to admit of a mistake, they have been heedless about the state of the vaccine virus, and finding it limpid as part of it will be, even in an advanced stage of the pustule, when the greater portion has been converted into scab, they have felt an improper confidence, and sometimes mistaken a spurious pustule which the vaccine fluid in this state is capable of exciting for that which possesses the perfect character.

“During the investigation of the casual cow-pox, I was struck with the idea that it might be practicable to propagate the disease by inoculation, after the manner of the small-pox, first from the cow, and finally, from one human being to another. I anxiously waited some time for an opportunity of putting this theory to the test. At length the period arrived. The first experiment was made upon a lad of the name of PHIPPS, in whose arms a little vaccine virus was inserted, taken from the hand of a young woman who had been accidentally affected by a cow. Notwithstanding the resemblance which the pustule this excited on the boy's arm bore to variolous inoculation, yet as the indisposition attending it, was barely perceptible, I could scarcely per-

suade myself the patient was secure from the small-pox. However, on his being inoculated some months afterwards, it proved that he was secure. This case inspired me with confidence, and as soon as I could again furnish myself with virus from the cow, I made arrangements for a series of inoculations. A number of children were inoculated in succession one from the other, and after several months had elapsed, they were exposed to the infection of small-pox—some by inoculation, others by variolous effluvia, and some in both ways; but they all resisted it. The result of these trials gradually led me into a wider field of experiment, which I went over, not only with great attention, but with painful solicitude. This became universally known through a treatise published in June, 1798. The result of my further experience was also brought forward in subsequent publications in the two succeeding years, 1799 and 1800. The distrust and scepticism which naturally arose in the minds of medical men, on my first announcing so unexpected a discovery has now nearly disappeared. Many hundreds of them, from actual experience, have given their attestations that the inoculative cow-pox proves a perfect security against the small-pox; and I shall probably be within compass if I say thousands are ready to follow their example; for the scope that this inoculation has now taken is immense. A hundred thousand persons, upon the smallest computation, have been inoculated in these realms. The numbers who have partaken of its benefits throughout Europe and other parts of the globe are incalculable; and it now becomes too manifest to admit of controversy, that the annihilation of the small-pox, the most dreadful scourge of the human species, must be the final result of this practice.'

It is common with those who compile anti-Jenner literature to describe him by the most disreputable epithets of which the least so are "quack" and "charlatan," just as it with those who seek distinction by constructing anti-HAHNEMANN literature to refer to HAHNEMANN in the same way.

JENNER was in fact as far from deserving detraction of any kind as ever human being was. Of his benevolence, and of the entire absence from his mind of any desire for accumulating money from his work, we have distinct evidence.

BENJAMIN TRAVERS, writing to him in 1804, tells him that in making vaccination publicly known, he was "sadly deficient in worldly wisdom." And, again, he assures him that "if you had undertaken the extinction of small-pox with coadjutors of your own appointment, I am confident you might have put £100,000 into your pocket, and the glory be as great and the benefit to the community the same." That by keeping his knowledge to himself he might have reaped a great harvest is doubtless true enough, but the "benefit to the community" would not have been the same. When, in the House of Commons, a petition for remuneration to JENNER was under consideration by a Committee of the House, it was proved that he had not only reaped no advantage from his discovery, but that he had been a considerable loser by the persevering attention which he had bestowed upon his inquiries to the neglect of his other business. Dr. BRADLY and Dr. BAILLIE testifying to his remarkable public spirit and liberality in pursuing the propagation and extension of vaccination and in rendering them rather of universal utility to the human race than of emolument to himself. In thus diffusing a knowledge of the prophylactic agent, the value of which he had established over the continent of Europe and in the United States, the expenses incurred were considerable, his postages alone frequently amounting to a pound a day!

Of the value which vaccination has been to the human race the amount of evidence proving it is as enormous as it is incontestable. In the JENNER Centenary Number of the *British Medical Journal*, to which we are indebted for many of the facts referred to in this article, there is a very instructive essay entitled "A Century of Vaccination," from this we learn that in England in the last century the mean death rate from small-pox was over 2,000 per million; during twelve years of permissive vaccination, 417; during the succeeding eighteen years of enjoined vaccination the rate sinks to 154; and the mean rate since the epidemic of 1871-2, under enforced vaccination is only 53; while for the ten years 1885-94 the mean rate is only 26. All this immunity from small-pox is by some people attributed to improved sanitation. That sanitation either improved or defective has not anything directly to do with the dissemination of small-

pox has been shown over and over again. We have evidence of this at the present moment in Gloucester, where the anti-vaccination people have so far deluded the inhabitants of the County City of the district, where JENNER conducted all his work, as to present to the world an object lesson in neglect of JENNER's magnificent teaching. The part of the city invaded by small-pox is, they would have us believe, the "filthiest." Dr. BOND, the Medical Officer of Health, however, tells us that "it is one of the most striking features of the Gloucester epidemic that, up to the present time, although there has been a sprinkling of cases in that part of the city to which the word 'slum' is most applicable, the great bulk of the attacks have been in the newest and best part of the district, and semi-detached houses occupied by skilled artisans, clerks, and others of a similar social standing."

That a person having contracted small-pox is more likely to recover in a sanitary, than he is to do so in an insanitary atmosphere, is true enough. But that an insanitary condition of surroundings will produce small-pox, just as it will typhoid fever or diphtheria, is absolutely false, is not based upon the ascertainment of a single fact, or circumstance that can be dressed up to look like a fact.

To those who recognise the great therapeutic truth, that agents producing symptoms in healthy persons similar to those characterising a case of illness will cure that disease, there can be no difficulty or hesitation in admitting the protective power of an efficient vaccination against the contagion of small-pox. "Could," writes HAHNEMANN, "could the *cow-pox* protect us from small-pox otherwise than homœopathically? Without mentioning any other traits of close resemblance existing between these two maladies, they have this in common: They generally appear but once during the course of a person's life; they leave behind similar deep cicatrices; they both occasion tumefaction of the axillary glands, fevers that are analogous, an inflamed areola around each pock, and even ophthalmia and convulsions."—(*Organon of the Rational System of Medicine*, 1st edition).

In an essay published in Gotha, 1801, explaining his proposal for the use of belladonna as a preventive of the smooth scarlatina of Sydenham, HAHNEMANN says: "It

is only in accordance with my well known maxim (the new principle) that small-pox, to give one example from among many, has an important prophylactic in the cow-pox, which is an exanthematous disease, whose pustules break out after the sixth day of inoculation with pain and swelling of the axillary glands, pain in the back and loins, and fever, and surrounded by an erythematous inflammation—that is to say, constituting altogether a disease very similar to variola.”

Yes, as has often enough been shown, vaccination is homœopathic to small-pox. As Sir GEORGE HUMPHREYS, of Cambridge, in an address before the Oxford Medical Society last October, said, referring to homœopathy and vaccination. “Here was to hand unmistakable evidence of a disease being hindered, or prevented or stopped by the modification, by the like that is to say of that which caused it. Prevention and cure are near allies; and was it not possible, indeed probable, that cure might be effected by means like those which staved off the disease?”

Vaccination has been proved or demonstrated both by reason and experience to afford a very large measure of protection against an attack of small-pox. It has not indeed, been proved, as JENNER, with perfectly excusable enthusiasm, thought that a single vaccination in infancy will protect against an attack of small-pox throughout life, but it has been proved that, with the rarest possible exception, a single vaccination will protect against death from the disease, and that with equally rare exceptions a re-vaccination about the age of puberty will protect the individual from small-pox for the rest of his life.

That we have this protection from this loathsome and fatal disease, we owe to the genius, the industry and the self-sacrificing labour of JENNER, the country surgeon of Berkeley in Gloucestershire. He, like HAHNEMANN, was traduced in his lifetime, his therapeutic innovation was ignored and resisted, and, similarly, he, like HAHNEMANN, has been the butt of ignorant and malevolent misrepresentation and scorn since his death. The neglect of the protective measure, that he introduced to the profession and the world at large has been pressed upon the minds of people to their own destruction, as we have seen often enough and now again are witnessing in Gloucester! Reactions follow such object lessons, the

teaching of JENNER receives confirmation from them, as seen in the rush for vaccination which follows in their wake. It was so at Leicester two or three years ago, it is seen to-day at Gloucester. Writes an anti-vaccination critic of scenes in this small-pox stricken city:—"Vaccination having been condemned as a failure, sanitation ought to have been the first thought of the authorities." To this Dr. BOND replies, "vaccination has not been condemned as a failure. On the contrary, it is wholesale vaccination, and nothing else, which is now causing the collapse of the epidemic. The great bulk of the population have now been vaccinated or re-vaccinated in Gloucester. The exceptions are the people whom no experience can teach, like the secretary of the Gloucester Anti-Vaccination Society, and the dawdlers, who put off vaccination, as they put off everything else, 'until some more convenient season,' and then, mostly get caught by the disease. These are the people who are now keeping the epidemic alive. The nonsense talked about 'sanitation' by these people is positively sickening to those who, like myself, have devoted the best part of their lives to sanitary work, and who ought, if anyone does, to know something about it."

We see in the life of JENNER the work of a man of the keenest observation, of the purest benevolence. That he should have met with opposition, that his memory should even now be treated with ignominy by some, is, considering what man is capable of, in no way remarkable. "I do not marvel," said he, when dying, "I do not marvel, that men are not grateful to me, but I am surprised that they do not feel gratitude to God for making me the medium of good." The day we trust will never dawn when the name of JENNER will cease to be remembered with gratitude by the large majority of the people of the earth. No Englishman, whose name we can remember, ever conferred a greater or a more widely-spread benefit upon the human race than Dr. JENNER by his working out, to its full development, the dairymaid's tradition that she couldn't have small-pox because she had had cow-pox. No more emphatic or truer tribute to his greatness, to the immense value which attaches to his work could well be penned, than that expressed in the Centenary Number of the *British Medical Journal*. "If," says the writer, "in these latter days, JENNER is

almost forgotten by the people, and has become little more than a legendary figure to the bulk of his own profession, that very fact is a proof of the completeness of the victory which he won for us over one of the most 'formidable shapes' of death. JENNER is forgotten because small-pox, as it was before his coming, is unknown to this generation."

ON PERITONITIS: OUR PROGRESS IN KNOWLEDGE OF ITS CLINICAL, PATHOLOGICAL AND THERAPEUTIC ASPECTS.*

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LECTURE I.

GOETHE tells us that progress is in spiral curves; by oscillations, rather than by what Euclid defines as the shortest distance between two points. The evolution of knowledge certainly answers to this generalisation; and the history of our knowledge of peritonitis is an excellent concrete instance. Conceptions of its pathology, of its clinical course, of its treatment have, with succeeding years, occupied very different positions on the slowly ascending curve of progress; and what I propose to set before you this evening is our position on the return curve, from the limited and confused conceptions of an earlier date, to the amplifying and more accurate views of the present time.

DEFINITION.

The word peritonitis, in this paper, is used not as signifying a constant morbid anatomical condition, but solely as representing that body of symptoms and signs which, collectively, constitute this clinical condition. This is the only legitimate use of the word peritonitis; it represents a certain clinical condition, and not a definite type of diseased tissue change.

* Two post-graduate lectures delivered at the London Homœopathic Hospital during the winter session of 1895-6; and copiously illustrated by diagrams, lantern slides, clinical charts and germ-cultures.

GENERAL TENDENCIES OF LATTER-DAY WORK.

Round peritonitis there throng some of the most revolutionary changes in view, the most brilliant work, and certain of the boldest conceptions of the past five-and-twenty years. Truly a revolutionary change is it to hear in the highest quarters peritonitis commended as a conservative process; as a powerful counter-check of the *vix medicatrix nature* against the desolating invasion of bacterial hordes. No less revolutionary is it to view the more lethal forms of peritonitis as poisoning by parasitism—as toxemias due to the virulent secretions of micro-organisms, which once introduced into the serous sac, treat it as a test-tube, and while flourishing themselves exterminate their host by virtue of their habits of life.

As for brilliant work, none whose years enable them to remember ovariectomy denounced as a criminal procedure, or whose experience recalls the murderous hand of the abdominal surgeon of former days, but will freely accord to surgical pioneers the crown of bays, for their noteworthy success in nearly exterminating the foe of all the earlier abdominal work—to wit septic peritonitis. To the therapist also in this sphere is due his meed of praise; for he comes armed with his digitaline for heart failure, his crotalus for septic processes, his belladonna and corrosive sublimate for inflammatory changes less sinister; and with these, in more frequent instance than his surgical brother, he quells the rising storm with a success not equalled by his predecessor of the sixties—success born—may I say it? of more precise and more ample pathological knowledge. And for boldness of conception what can surpass Metschnikoff's romance, palpitating with actuality, of phagocytosis, the devouring of the parasite? "A man," says a modern author, "receives a dissecting wound, and as the human body is an excellent medium for the cultivation of bacteria, the micro-organisms begin forthwith to settle down and multiply. But here steps in the process of inflammation; under its ægis the cells of the body rise in their millions against the invaders, and there takes place at the point of the outbreak a battle, which, if the account of Metschnikoff and others is to be accepted, is without a parallel in the very deadliest warfare imagined by man."

These, and equally interesting topics, will be dealt with later on in their respective places. Now let us address ourselves to certain weighty considerations concerning the pathology of peritonitis.

VARIETIES OF PERITONITIS: (A) THE SEPTIC, OR
NON-INFLAMMATORY.

In former times it was held that peritonitis, as clinically diagnosed, corresponded to an inflammatory affection of the peritoneum, in the same way as pleuritis meant an inflammation of the pleura, or pericarditis an inflammation of the pericardium.

But clinical observation itself was the first to lay the axe to the root of this misnomer. Comparative investigation slowly demonstrated, that the assumption that what was clinically called peritonitis was due to inflammation of the peritoneal membrane, was a hypothesis that would not account for the facts. Case after case of acute peritonitis was reported in which the peritoneum after death was found very slightly, if at all, affected. Thus, "a woman of 62 came into hospital with a femoral hernia which had been strangulated four days. Herniotomy was at once performed; some omentum was removed, and the purple-coloured gut was reduced. . . . The day after, the patient vomited with little cessation, her abdomen became swollen and painful, her pulse failed, and her strength declined. On the morning of the third day she died. Throughout, the temperature had never risen as high as 99°. The autopsy revealed an operation without a flaw, and *an abdominal cavity showing no morbid change, but a faint injection and a fainter dulling of the lower districts of the peritoneum.*"*

Again, "a woman, æt. 44, had hysterectomy performed for a small fibroid tumour of the uterus. Vomiting and abdominal distension soon followed, with a high temperature and pulse; and the patient in the course of two days died. P.M.—A coil of small intestine was found adherent to a very small raw surface of the broad ligament. The intestine was immensely distended above, and quite collapsed below. *No sign of peritonitis was found after death.*"

* Treves, *On Peritonitis*, p. 9.

The following is a still more striking case of my own, and was not a sequel of operation :—

Baroness X., aged 80, commenced her illness with an attack of diarrhoea, followed by acute pain in the abdomen, and vomiting of biliary fluid. The pain was of a twisting character, and occurred paroxysmally. There was some abdominal distension, and an entire absence of evacuations.

These symptoms, chiefly the vomiting and pain, continued and increased up to death, three weeks after the onset of the symptoms.

P.M. showed a peritoneum with no signs of inflammation, but a small portion of the ileum was firmly contracted in the pelvis, and the bowel affected purple in tint ; rupture had occurred, and a slight extravasation of fæces thereupon. The diagnosis was that of incarcerated intestine of old date recently inflamed and strangulated.

These cases, types of a host of others, died of what was clinically acute peritonitis, while the peritoneum showed a striking absence of acute inflammatory signs.

(B) THE INFLAMMATORY FORM OF PERITONITIS.

In broad contradistinction to these, another well-known type of peritonitis stands out clearly, where the clinical course and the morbid process differ materially from those just narrated.

“A patient,” says L. Tait, “aged 17, was operated on for a huge cystic kidney. High temperature and pulse, with severe distension, occurred on the 5th day, but no vomiting ; and she steadily got worse, until on the 15th day I found her pinched, wasted, with high temperature records, and an enormously distended abdomen. I immediately reopened, giving vent to about 20 pints of the most stinking pus I ever encountered. I washed out well, and drained, and she made a most speedy and satisfactory recovery.” Will the critics, says Tait, refuse to accept this as a case of acute traumatic peritonitis ?

Take an instance of peritonitis due to inflammation of an ovarian cyst. In 1890 I was asked by Dr. Hall, of Surbiton, to see with him a girl who presented the classical symptoms and signs of acute peritonitis. Acute abdominal distension, pyrexia of the hectic type, and pain were present in a marked degree ; and finding

a necrosing ovarian cyst as the cause, operative relief was decided on. I opened the abdomen, to find the whole peritoneal cavity one mass of inflammatory adhesions. There seemed no visceral serous sac, and the intestines could not be individually distinguished, as they lay thus hidden and embedded. The cyst was in great part removed, and the patient made a tardy recovery.

These last cited cases, whose diagnosis was confirmed by operation, showed, in addition to the clinical symptoms of peritonitis, well marked and extensive inflammatory changes in the serous membrane. It will be noted that these recovered—a point whose precise import will receive due consideration later; and further, it will be recognised that their type of symptom and sign is that of the great bulk of cases of peritonitis.

(c) THE MIXED TYPE, OR SEPSIS PLUS INFLAMMATION.

Finally, the existence of a third type of peritonitis was demonstrated—a *tertium quid*—where the symptoms in their severity and relatively brief duration partook of those of the first type I have just cited; but where the pathological appearances showed severe inflammation of the peritoneum also.

Let me cite a case under my own observation.

Mrs. X. was lying in bed one morning nursing her baby, when a portion of the ceiling gave way and fell on her, striking the unfortunate lady on the left flank, which she had hurriedly turned uppermost to protect her baby. I saw her some 12 hours after the accident; she lay quietly on the right side, face slightly flushed, and perfectly conscious, and readily replying to my questions. There was some nausea and a little vomiting. The temperature was normal, the pulse 120. The abdomen was slightly distended; there was no especial pain on examination, nor external sign of injury; and no hint of shock or collapse. Twelve hours later the patient was collapsed, the pulse had risen, until finally before death it became uncountable.

P.M.—Acute purulent peritonitis was discovered between the opposed gut surfaces in the left flank; the contiguous gut was injected and distended. The duodenum was ruptured, and its contents were free in the peritoneal cavity.

Here we have the sudden onset and the brief duration of sepsis, plus the evident morbid anatomical signs of inflammation of the peritoneal membrane.

Under the generic term peritonitis, there are included forms of this lesion which vary in cause, in manifestation, in course, in duration and in progress, embracing the toxic, the inflammatory and the mixed forms.

I may here interpolate that primary peritonitis, that is, inflammation of the peritoneal membrane alone, does not exist; that peritonitis is always secondary to some other, usually visceral, lesion; and so, as Professor Gairdner insists, the primary cause of peritonitis, its precedent condition, must always be sought for. Idiopathic peritonitis then, is a figment of the imagination.

These varieties thus ultimately consist of two pure types, whose differentia is that in one we have the signs of acute general sympathetic paresis, due to blood poisoning, with indications of peritoneal inflammation as a minor element; while in the other, the local signs of inflammatory changes in the peritoneal membrane are extensive and pronounced, but the signs of general toxæmia moderate or absent. The common centre of these two diverging forms shows that their origin is in an affection of the same tissue, i.e., the peritoneal membrane, and that they present practically the same abdominal symptom series; but that they continually fuse in differing degree, so that most cases of peritonitis present varying inclinations, now to one and now to the other type. What is the underlying concord—the unifying principle—which traces back this dichotomous manifestation to a common origin?

THE BACTERIOLOGY OF PERITONITIS.

Fifteen years ago this question was insoluble. The connecting links have been forged mainly by the science of bacteriology, and especially that part of it which concerns itself with the life history of bacteria who can live, move, and have their being, in the recesses of the peritoneal sac. Coupled with this is the marvellous lucidity ingeminated into our conception of inflammation by the researches of Metschnikoff and Burdon Sanderson. What knowledge we have thus gained has totally revolutionised our conceptions and views of what goes on in a case of peritonitis.

Normal to the intestine from stomach to rectum, is a well defined organism called the *bacterium coli commune*. The intestine is the normal sphere where it lives, moves, and has its being; and its relations to the tissues among which it lives are such that the healthy intestinal wall offers an effective barrier to its migration. Moreover, in states of health it appears to be an organism possessed of no dangerous or virulent properties. But the gravest potentialities for murder lurk in the protoplasm of this microscopic organism. Start any severe pathological process in connection with the gut wall; let undue exposure during operation destroy the vitality of a tract of peritoneal endothelium; or let this be effected by the irritation of fluids such as urine or pus; or by intestinal obstruction, strangulation or inflammation, and the active bacterium takes on a complexion of fury and virulence. Unless prevented by inflammatory exudation, it pours in myriads through that part of the gut wall whose vital tone is thus lowered; and in so doing it alters its character to an organism of the most virulent and toxic type. Strayed out of bounds, the human tissues are unable to control its rapid multiplication or limit its virulence; and its amazing powers of reproduction enable it in a very short time to wage exterminatory war upon its host, by forming secretions so acrid and poisonous that in a few hours or days the patient dies; a victim to the absorption from the peritoneal cavity of the poisonous secretions of the escaped *bacterium coli commune*.

This is exactly what happens in death from strangulated hernia, or ileus, or volvulus, or acute inflammation of the vermiform appendix, or rapid puerperal fever, or sudden and severe intestinal lesion. In many cases of intestinal origin, this organism is the only one found "strayed out of bounds" in the peritoneal cavity. Thus in 15 cases of strangulated hernia, this bacterium was present in the sac in 13 instances.

It is perfectly competent for the judicious mind to say, "Granted that the *bacterium coli commune*, or, for the matter of that, any bacillus, is found in the serous cavity, concomitant with acute lesions of the serous invested organs, what we want is an experimentum crucis to prove, not that the bacilli are present because

of the peritonitis, but that the peritonitis is present because of the bacilli." I will let Treves supply the proof.

"The effect of injecting a culture of the virulent colon bacillus into the peritoneum of animals varies—other things being equal—according to the dose. In the slightest cases, the animal, after an illness in which diarrhoea is a symptom, recovers. In another grade, a localised purulent peritonitis is produced which follows a chronic course. In a third degree death is rapidly brought about by a diffuse fibro-purulent peritonitis. In instances where a large dose is employed, the animal dies of acute sepsis before any phenomena of peritonitis are produced."

And again, "So far as the human subject is concerned, it has been shown that these various forms of peritonitis which are assumed to be of intestinal origin, depend mainly and in many instances solely upon the *bacterium coli commune*."*

The peritoneal membrane, however, has other enemies beside those whose habitat is in organs encompassed by itself. External to the body there lives and moves an organism called *streptococcus pyogenes*, which when introduced into the peritoneal sac from without, by operation or by wound, engenders peritonitis of the same character and in the same way as its congener, the *bacterium coli commune*. This is the organism whose introduction engenders puerperal peritonitis, and post-operational peritonitis. Between them, these two micro-organisms are responsible for nearly all the fatal forms of peritonitis; and they act by engendering secretions which in their toxicity strongly resemble some of the most poisonous vegetable alkaloids. These secretions are caught up by the lymph stream, swept into the general circulation, and there by their vogue, as depressant neurotic poisons, kill by general paralysis of the sympathetic system, the cardiac ganglia suffering most heavily.

The *streptococcus* may occur alone, or in conjunction with other organisms; and is, as already mentioned, the usual bacterial provocative in puerperal peritonitis.

The *pneumococcus*, the *gonococcus*, and the *tubercle*

*Treves, p.p. 42-44.

bacillus are also, but in less frequent degree, competent to engender special forms of peritonitis.

Now bacterial development in the peritoneal cavity kills by septicæmia or blood-poisoning. It may develop so quickly, the poison being very virulent, that no local reaction occurs; in other words, there is no inflammation of the peritoneal membrane evoked. But given only a moderate degree of virulence of the bacterial poison, or a well marked degree of resistance on the part of the tissue to septic processes, and quite a new set of phenomena occur. Every effort is made by nature to localise and arrest the bacterial irruption into the peritoneum; and this effort to localise and arrest constitutes inflammatory exudation on the peritoneum, or adhesive or plastic peritonitis. Were there no peritoneal inflammation, it is difficult to see how a single case of peritonitis of a bacterial nature could recover. It is by peritoneal inflammation that nature sheaths the absorbing surfaces by lymph, and edges in the dangerous foci by adhesions, and exterminates the irritating fluids so hedged in by phagocytosis.

THE REAL IMPORT OF PERITONEAL INFLAMMATION.

Walter Bagehot used to say there was no pain like the pain of a new idea, connoting of course the travail of the extrusion of its predecessor. Now in the broader conception of peritonitis necessitated by clinical research, a new view of the function of one of the chief factors of peritonitis is necessitated. I mean the factor of inflammation. And here the result of more careful clinical researches has been revolutionary. What should we all have said, gentlemen, only 15 years ago, to hear that inflammation played a subordinate part in the acute forms of peritonitis, that when it occurred it was a conservative and not a destructive process; that it was to be viewed as an indication of *vix medicatrix naturæ*; that when it was present, it was to be construed as a resolute effort on the part of nature to limit the devastation of sepsis; that it was evoked by the parasitism in the peritoneum of germs mostly normal to the intestine, and that its sphere was to limit and control the invariably primary invasion of bacilli normally alien to the peritoneal sac?

Yet this is the net product of the work of the last decade or two in the natural history of peritonitis.

“The philanthropic busybody, who after contemplating the death roll ascribed to inflammations of the lung and brain and kidney, could succeed in ridding the earth of the process of inflammation, would see a result which hardly a pessimist could regard as kindly. It may be assumed that within a month or so of the disappearance of inflammation from the business of the body, the human race would become extinct. . . . Peritoneal inflammation is not a purposeless calamity; that which has caused it is the thing which is wholly ill. It is by the process of inflammation that the advance of certain deadly irritants which have gained access to the cavity can be arrested. The purpose of peritonitis is toward the saving of life, and not toward the destruction of it. What is seen within the abdomen at the autopsy, in a case of peritonitis, represents the results on the part of the organism to avert the cause of death.”*

INFLAMMATION THE MAIN BULWARK OF NATURE AGAINST SEPSIS IN THE PERITONEUM.

Let us ask what are the active measures, at the command of nature, to neutralise the peritoneal irruption of these poisonous parasites—the bacilli and cocci? Apparently the only means which nature can invoke to this end is inflammation. It is not an adequate means, for it utterly fails, as we have seen, to put in an appearance in some of the *foudroyant* forms of peritoneal sepsis. It is not always a safe means, for it may overrun the mark, and like Frankenstein, be a tyrant and not a slave; in other words, though nature invokes this auxiliary, nature cannot control it. Still with its limitation, in that it only occurs when the sepsis is relatively moderate, and its defect, in that it sometimes rages out of bounds, the plain matter of fact truth results, that every case of recovery from peritonitis is due to the inflammation induced. Inflammation acts here in three ways: (1) By exudation and adhesion it coats the serous surface, and thus arrests septic absorption; (2) by adhesion it limits the extent of the septic irritation; and (3) by phagocytosis

* Treves, pp. 16-17.

it disposes of the bacteria which have actually found their way into the peritoneal cavity. Thrice armed thus is the organism against these foes ; yet for their adequate display the element of time is essential. Given this prime factor, time sufficiently long for exudation and adhesion and phagocyte to get to work, and we may well believe there is no case of peritonitis that cannot be quelled. From the clinical point of view Lawson Tait puts this well: "Time is the most important element in a case of peritonitis ; the outcome of a case depends far less on the severity of the symptoms, than on the time over which they run. Thus in two parallel cases, one will die on the fifth day, and another will go on to the 12th and get quite well, the symptoms lasting all the time with almost initial severity.

THE VIEWS OF METSCHNIKOFF REGARDING INFLAMMATION.

Metschnikoff, of the Pasteur Institute in Paris, is the most conspicuous figure in the development of this phagocytic view of inflammation. He holds that the essential feature in inflammation is the migration of leucocytes from vessels, in response to some stimulus. It is necessary, says he, to emphasise the fact that the essential phenomena of inflammation represent an actual struggle between the phagocytes and the irritant agent. Inflammatory reaction is an endeavour on the part of the protoplasm to digest the harmful object. And he figures various conditions in which this cellular digestion of the irritant is actually proceeding. Let us present his views, in the Socratic method, by giving them concrete instance.

Pelvic peritonitis, let us say, has just been engendered by the admission of a few drops of pus from the end of a diseased Fallopian tube. These drops of pus are swarming with micro-organisms. These micro-organisms find the surroundings of the peritoneal cavity extremely congenial to their rapid and indefinite development. They are parasites, and will, unless eliminated, exterminate the host. What follows? From all the contiguous capillaries there ooze myriads of leucocytes, drawn by the enticing secretions of the micro-organisms, to swallow and digest these latter. Each leucocyte proceeds to englobe one or more bacilli, and in so doing constitutes that exudation which we know as the outward and visible

sign of inflammation. Many, however, perish in the attempt, and these constitute, when in quantity, pus. So soon as the attack is complete, the signs of general inflammation disappear, and the evidences of local inflammation gradually subside.

PERITONITIS AS A DOUBLE-FACED UNITY OF SEPSIS
AND INFLAMMATION.

Since 1887 I have largely been occupied with the problem involved in the course of peritonitis after surgical interference. I started my investigations with the idea that the fury of peritonitis was to be measured by the temperature; but I found in many cases of fatal peritonitis a temperature scarcely elevated above the normal. I held the all too common notion that the pulse in these cases was wiry; I soon found the wiry pulse conspicuous by its absence, and instead, a thin irregular, often scarcely detectible, vascular impulse. And from necropsy there was only one conclusion to be legitimately drawn, that where the pathological signs of peritoneal inflammation existed the struggle for life had been longest, and consequently, where the fatal course had been most rapid, the signs of protective plastic inflammation were inconspicuous. I remember talking over this point some years ago with a London professor of pathology, and found that in some degree his views were similar to my own. But I developed these views no further than hanging them up for confirmation conscious of their heterodoxy, and now I find a company of workers arriving at conclusions, more developed indeed, but fundamentally the same to which my own observations had compelled me.

Briefly then, peritonitis is a double faced unity, the component elements being sepsis and inflammation; that sepsis is the lethal factor, and inflammation the resistance of nature evoked against it, and that the function of the element of inflammation is to condition, to limit, and to abort the septic processes induced by injury. Examples of this in the peritoneal area abound. Take a case of appendicitis. Some months ago I was aroused during the night to consult with one of my colleagues on a presumable case of perforated appendix. The patient had been in acute and violent pain for 12 hours, the temperature was about normal, but

the pulse was small, soft and rapidly rising, the abdomen swollen, the countenance collapsed; vomiting was incessant. Here was the clinical counterpart of acute sepsis. Without delay I opened the abdomen, found the appendix perforated and gangrenous, with no local signs of inflammation, but much turbid brown fluid in peritoneum—an occurrence always in my experience of fatal import. All the necessary surgical measures were carefully conducted, but the patient expired in a few hours, the victim of acute diffuse septicæmia. Here was a case presenting the classical features of peritonitis, without scarcely a single indication of inflammatory reaction.

Take a second instance, of peritonitis due to inflammation of an ovarian cyst. Some time ago I operated on a case of necrosis of ovarian cyst. I opened the abdomen, to find the whole peritoneal cavity one mass of inflammatory adhesions. The cyst wall was so rotten that pieces of it came away in the hand just as wet wash-leather; and all the signs of acute necrosis were present. The clinical concomitants of this condition were pyrexia of the hectic type, acute abdominal distension and pain, and other collateral symptoms, but no sign of sepsis. The plastic exudation, the net result of inflammation, had been too dense and protecting for that. When, twelve months later I reopened the abdomen, to remove the moiety of cyst wall left behind, every trace of the inflammatory storm had vanished, and the serous linings of the parietes and viscera had resumed their normal contour.

Let me cite yet another case—one of acute pelvic peritonitis. A young girl, aged 28, was sent to me by the late Mr. Henry Harris, of London. After observation for some time, it became necessary to perform abdominal section on account of an acute attack of pelvic peritonitis, from which entire recovery seemed prohibited. On operation, conducted by one of my colleagues, to whom I had transferred the case, the right Fallopian tube was found firmly adherent to the bottom of the pelvis. With much trouble it was detached, when an oozing of pus from its torn mouth showed the nature of its fluid contents. The limiting pelvic peritonitis had prevented its dangerous irruption into the general serous cavity, and located the risk. But for this local perito-

nitis, peritoneal infection and sepsis must have ensued. The girl made a perfect recovery.

ATTACKS OF PERITONITIS MAINLY SEPTIC OR MAINLY
INFLAMMATORY.

Now peritonitis is a generic title for numerous clinical conditions which have as their basis a lesion of some peritoneally covered organ, with implication of the serous investment proper or contiguous. Does the organ affected condition the type of the peritonitis? We may, broadly speaking, view peritonitis secondary to lesions of the gastro-intestinal tract as far transcending in fatality, any other form of peritonitis engendered by affections of the remaining abdominal organs.

Next in point of risk comes puerperal peritonitis, and, as less dangerous, the remaining abdominal organs stand pretty much on the same plane in point of a peritonitis engendered by their abnormal state. Pathological differentiation, however, is often impossible; we may conceivably have to suspend our judgment from which abdominal organ a given case of peritonitis proceeds. Another valuable scheme then is to view the attack as mainly septic or mainly inflammatory.

The differentiating signs between these will be fully dealt with in my next lecture; but here I may emphasise that in every case of peritonitis, both for prognosis and for treatment, this question must be settled.—Is sepsis, or is inflammation, here the predominant feature? According as the septic area can be limited, or the inflammatory reaction controlled, depends the future of the patient.

Thus we pass to a congener of the sub-division into septic and inflammatory by viewing all forms of peritonitis as diffuse or circumscribed. Now as the function of inflammation is to neutralise sepsis, and as it effects this end mainly by limiting the septic area, it will readily be seen that the mainly inflammatory form of peritonitis corresponds to the circumscribed type. And conversely, that the septic form, unlimited by inflammatory hedging in, necessarily has diffusion as a prime character. Whether, then, we consider a case of peritonitis as of gastro-intestinal, or puerperal, or tubal or hepatic origin, or whether we determine it to be diffuse or circumscribed within parts of the abdominal area, the

whole gist of the enquiry has to be framed thus—Is the form predominantly septic, or predominantly inflammatory? This is the crux on which all true views of treatment depend.

We are narrowed to precisely the same conclusion if we examine the forms of peritonitis in the light of their specific origin, and consider each as cancerous peritonitis, or tubercular peritonitis, or peritonitis from ruptured pyosalpinx, or from perforation, or puerperal peritonitis, or any other form. Truly, it adds to completeness to determine the specific form of the lesion in any case before us, but still the precise issue is the same. Is this condition, and will it remain, mainly septic or mainly inflammatory? Compared with this decision, essential for effectively handling the case, all other considerations are relatively academic or dilettante.

THE TELEOLOGICAL ASPECT OF PERITONITIS.

I cannot refrain from calling your attention to the bearing of certain facts respecting the peritoneum upon teleology. No adequate explanation, as it seems to me, has been hitherto forthcoming of the extraordinary sensitiveness which the peritoneum shows to septic processes, or the extraordinary way in which it will develop a constitutional poisoning from what at the beginning is a purely local lesion. Of all the tissues in the human body, none are so liable to violent explosion on septic contamination as the peritoneum. The pleura, and the great synovial sacs come next in their response, but these are far from manifesting the virulent phenomena of an infected peritoneum. If there were any tissue of the human body which we could well wish reliably secured against septic infection, that tissue is the peritoneum. If there were any part of the human body which we should regard as desirably far distant from peritoneum, that part is the intestinal area of the abdomen. Yet, the strangeness of it is that in this abdominal cavity we find powder magazine and spark lying in close juxtaposition; we have *the* tissue in the body most liable to septic infection brought in closest contact with the main mass of septic material introduced for alimentary purposes into the body. Nay more, different parts of the peritoneal surface vary considerably in their sensitiveness

to septic infection. The parts least liable to septic processes are the non-intestinal areas, *i.e.*, above the level of the colon, and those well down in the pelvis. The part most liable to septic infection is that segment of the peritoneum encasing the small intestine. One would have thought that contiguity so close and constant would in course of time have begat toleration. Alas, it is not so! and hitherto no adequate physiological explanation is forthcoming why the peritoneum should become more responsive to the irritation of sepsis than the pleura; the pleura, again, than the synovial sacs; and the synovial sacs, in their turn, than connective tissue. We can increase and we can diminish the susceptibility of the serous sac to septic disturbance; or rather, we can increase the normal tissue resistance to bacterial parasitism, but this will be considered under its appropriate heading later on.

(Conclusion of First Lecture.)

ON THE PATHOGENETIC ACTION AND THERAPEUTIC USES OF COCCULUS INDICUS.

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THE *cocculus indicus* used in medicine is the berry of the *Anamirta Cocculus*, of the natural order *Menispermaceæ*, a native of the coast of Malabar and of the Indian Archipelago. From the blackish-brown berry, about the size of a small pea, a tincture, made with rectified spirit, is prepared.

Cocculus indicus was one of the earliest medicines, the properties of which were investigated by Hahnemann by experiments on himself and his friends. The record of these is contained in the first volume of the *Materia Medica Pura*, translated by Dr. Dudgeon. Such additions as have elsewhere been made to our knowledge of the effects of *cocculus* are in the first volume of the *Encyclopædia of Drug Pathogenesis*. Allen's *Encyclopædia* also contains a full report of the symptomatology of this drug. In Hahnemann's time it was only known as a poison for vermin, and as a means of stupefying fish for

the purpose of catching them. Of late years, it has become a favourite means for adulterating beer, and so of stupefying human beings.

It is to irritation of the cerebro-spinal motor centres that the morbid conditions set up by *cocculus* are due.

In a paper, published by Hahnemann, in *Hufeland's Journal*, in 1798, he records a well-marked case of poisoning by the seeds of the plant, which gives, as it were, a key to the whole action of the drug.*
“The patient was a druggist, of fine sensibility and otherwise healthy, although but recently convalescent from an acute disease. He wished to ascertain the taste of the *cocculus* seed; and, as he considered it a powerful substance, he weighed out a single grain of it, but did not take quite the half of it into his mouth. He rolled it about with his tongue over his palate, and had not swallowed it two seconds when he was seized with the most dreadful apprehensiveness. This anxiety increased every moment; he became cold all over; his limbs became stiff, as if paralysed, with drawing pains in the bones and in the back. The symptoms increased from hour to hour, until after the lapse of six hours the anxiety, the stupefaction, the senseless stupidity and the immobility had risen to the greatest height—with a fixed, sullen look, ice-cold sweat on the forehead and hands, and great repugnance to all food and drink. At the slightest increase or decrease of the temperature of the air he expressed his displeasure, every loud word put him into a passion. All that he could still say was that his brain felt as if constricted by a ligature, and that he expected speedy dissolution. He gave no indication of inclination to vomit, of thirst, or of any other want in the world. He wished to sleep, as he felt a great inclination to do so, but when he closed his eyes he immediately started up again, so frightful, he asserted, was the sensation he felt in his brain on going to sleep, like the most hideous dream. His pulse was very small, but its frequency was unaltered.”

Hahnemann gave him 15 grains of camphor in divided doses, and within an hour his anxiety was gone, consciousness was restored, and his temperature was natural. He perspired a little during the night, slept

* *Lesser Writings*, p. 377.

pretty well, but the following day was still uncommonly weak, and all the parts which during the direct action of the cocculus were yesterday painful internally, were to-day uncommonly painful externally to the slightest touch. The bowels remained constipated for several days.

Among the minor morbid states provoked by cocculus are vomiting, abdominal spasm and colic, but in each instance it is the nerve centre that is directly at fault, the mucous membrane of the stomach or bowels being influenced indirectly.

We will, first of all then, examine the effects produced by cocculus on the nervous system.

Mentally, the subject of cocculus poisoning is, as was the case in Hahnemann's patient, extremely anxious, feeling as though he had committed some great wrong; he is in great fear, is sensitive, angry, peevish, feels no pleasure in anything and becomes ultimately stupid. During the day the prover of cocculus is weary and yawning, and at night restless, anxious and often waking from sleep with a start, while dreams are frequent and terrifying.

The headache produced by cocculus is peculiar, and its characteristic features require careful notice. With a great deal of confusion, there is a vertigo, described as a "whirling vertigo," on rising in bed, with inclination to vomit, which compelled him to lie down.

This symptom is as good a description of a prominent feature of some cases of sea-sickness as one could wish to have. It is precisely what I felt myself on one occasion, and I obtained complete relief from cocculus—being able to be at dinner the same day, and continuing free from any return of the malady the remaining eight days of my voyage.

As further indicating the kind of headache in which cocculus is so useful, we have the following symptoms:—"Headache, with inclination to vomit." The head feels pressed, tight. This pressure is aggravated by reading, or reflecting, or walking, and is felt especially in the forehead, the temples, and in lesser degree at the vertex.

Experiments made with cocculus and its active principle picrotoxin, have shown them to produce convulsions both tonic and clonic in character. Orfila, Brunner and Goupil have, in their experiments with

cocculus upon dogs and cats, developed attacks of convulsions of an epileptiform character, coming on spasmodically with intervals of consciousness. After repeated seizures the animal often dies in convulsions of from collapse.

Poisoning of dogs by picrotoxin presents three distinct stages.

"1. Restlessness, agitation, terror and dejection; a want of concord in the movements; grinding of the teeth, salivation, distortion of the features, general tremor; acceleration of pulse and respiration; slight elevation of temperature; occasional vomiting.

"2. Quick movement of recoil, then tonic spasms, first in forepaws; then opisthotonos. These spasms are rapidly succeeded by clonic convulsions, which invade the body from above downwards. At the height of the attack the paws execute a sort of galloping movement, which causes the dog to turn on his axis. During this period there are foam at the mouth, biting the tongue, cyanosis of the lips and tongue, involuntary emission of urine and fæces.

"3. Collapse, apparent death, decrease in the rapidity of the circulation and respiration, and lowering of temperature. At the end of several minutes the animal recovers consciousness, and raises himself and commences to walk, but soon a fit, stronger than the first, seizes him, and throws him on the ground. Thus the attacks alternate, with intervals of amelioration."—Dr. Jousset, *Art Médicale* and *Monthly Hom. Review*, xxv., 105.

The similarity of such attacks as these to epilepsy needs no comment. M. Ernest Labbè, writing of picrotoxin in the *Dictionnaire Encyclopédique des Sciences Médicales* says:—"It is in convulsive neuroses above all that it should be administered—epilepsy, eclampsia, chorea, tetanus, &c. We know already that cocculus was anciently employed in these maladies, but altogether empirically. Nowadays certain facts of experimental physiology are introduced into this application, from which the following theoretical ideas are derived. Planat admits, first of all, with Brown Séquard, that the medulla is the nodus epilepticus, the epileptogenic focus *par excellence*, thus recognising that picrotoxin possesses an action, so to speak, on the medulla

oblongata, he infers the possibility of a favourable modification of the nodus epilepticus by the active principle of cocculus indicus." (P. 328.) Admitting the accuracy of these views they are obviously on all fours with the homœopathic principle.

Yet the authors of these observations are not supposed to believe in homœopathy !

So far, then, as the lower animals are concerned, their behaviour under the influence of this drug is similar to that presented by human beings in an epileptic seizure ; while the structures invaded by it are those which are believed to be the seat of the epileptic disease.

Let us now examine the recorded physiological effects produced by it in man. Dr. Gross, one of Hahnemann's provers, thus describes the condition into which he fell a quarter of an hour after taking a dose—the quantity is not stated—of this drug. "He came into the room with a cheerful countenance and sat down, when he felt as if he were intoxicated ; thereupon, he became quiet, stared long at one point, not replying to questions ; he then fell to the ground unconscious, and curled himself up, uttering unintelligible whinings. Urine came away involuntarily ; the limbs and the whole body were shaken by spasmodic starts, and the outstretched hands were bent convulsively inwards ; at the same time there was a choking of a jerking, spasmodic character in the throat, with the mouth half open, as if he were about to vomit, with frothy foam at the mouth ; the hands were cold, the face covered with cold sweat and spasmodically contorted, the eyes glassy and protruded. He then stands up, but does not answer questions, shows his teeth and bellows at their questioning him ; will not allow himself to be touched, but endeavouring to strike those about him and to wrestle with them ; the expression of his countenance was that of violent rage ; at last he grunted and groaned, and in about a quarter of an hour recovered consciousness."

In the case of a young man who took some of the berries for suicidal purposes, the report of which appears in Hirschel's *Neue Zeitschrift für Hom. Klinik* for 1871, translated from the Italian journal in which it originally appeared, the following are the symptoms which presented themselves :

“One or two hours after the drug had been swallowed severe tonic and clonic convulsions set in, with severe contortions and shocks of the extremities, and danger of suffocation; the teeth, compressed by trismus, bit the protruding tongue, bloody foam stood before the mouth and nose, which was expelled by every expiration. The whole body was in a state of tetanic stiffness, alternating for moments with convulsive shocks, and was covered with cold perspiration; pupils dilated, with fixed look; consciousness momentarily gone; pinching the skin immediately produced convulsive shocks; pulse normal, neither quick nor disturbed in its rhythm; the beat of the heart quiet; neither vomiting nor diarrhoea. Death soon ended his case.”

In another case, reported in the same German periodical, where a woman, 60 years of age, had eaten some berries, clonic spasms first appeared in the upper extremities, and soon afterwards became general, with frothing from the mouth.

As indicating the kind of epileptic convulsions in which we may hope for good to be derived from the use of cocculus, we also notice such symptoms as the following: Every loud word annoys him; cannot endure any sudden noise or interruption. Then, again, such cases are marked by great rage and irritability. Dr. Jousset has noticed that cocculus is most useful when the epilepsy comes on suddenly in the morning, when the patient hurriedly rises from the horizontal position. This indication is similar to that which points to cocculus in vomiting.

The symptoms evoked by cocculus in the back show a nervous rather than a purely muscular origin. The cervical muscles are stiff and seem unable to support the head. There is some trembling in the back; the whole back is stiff and painful. There is a feeling in the spine as if it would break; a paralytic pressive pain in the lumbar region. Piercing pain in all the articulations of the dorsal and lumbar vertebræ, as if they were all sprained or spasmodically drawn together; especially is this felt on motion. A paralytic-like pain in the small of the back, with spasmodic drawing across the hips, which prevents walking.

The limbs tremble and are chilly. In one well-marked case of poisoning, the limbs became paralytic and stiff,

with drawing pains in the bones and back. There was also a painful lameness in the arms and legs, with loss of power.

The arms feel asleep, and have a crawling sensation in them. They ache while eating. Sensation in the arms as if asleep, and paralysed during and after a meal. Jerkings are noticed in the right arm, and intermitting, dull stitches-like shocks, on the outer side of the left upper arm. The humeri feel beaten and painful just above the elbow, and when attempting to move them they seem paralysed.

In the forearm a kind of paralysis is noticed ; while writing he is scarcely able to hold his pen ; it is asleep, and there is at the same time a sensation as if the hand was swollen.

The hand trembles while eating, and more so in proportion as it is raised. Now one hand, now the other, seems insensible and asleep. Cramp-like pains are noticed in the fingers, and notably when writing.

It is important to notice here the aggravation of the paralytic-like symptoms *during eating*. Almost all the central nervous disturbances provoked by cocculus involve the stomach.

Very similar phenomena appear in the lower extremities. Intermitting pressive paralytic pains are felt in the hip joint. The thigh seems paralysed and bruised. The knees sink down from weakness ; he totters while walking, and feels as though he would fall to one side. Numbness, pain, and cramp are noticed in the calf of the leg, and the soles of the feet go to sleep while sitting.

In the condition so far described we have the *simile* of some headaches, and, as pointed out by Dr. Gerson, of Dresden, of a few cases of facial neuralgia in which cerebral symptoms similar to those of cocculus are present ; of epilepsy, writers' cramp, and paralysis of the extremities.

The symptoms referable to the head indicate cocculus as a remedy in many cases of the nervous headache of hysterical patients, and of the kind occasionally preceding excessive and painful menstruation. I have met with patients who, in describing their headaches, have complained of a vertigo, with a tendency to fall to one side, exactly similar to that which cocculus produces in so

marked a manner, and it has invariably given relief. It is an early symptom of disease, which, if neglected, may, and probably will, progress until organic changes have occurred, precluding cure.

The few cases of facial neuralgia, in which cocculus is remedial, have been very well described by Dr. Gerson, of Dresden, whose essay, entitled "Contributions to the Therapeutics of Prosopalgia," appears in the twentieth volume of *The British Journal of Homœopathy*, translated from the *Allgemeine Homöopathische Zeitung*.

"The attacks proper," says Dr. Gerson, "regularly came on in my patients in the afternoon, and in one case only did a second paroxysm occur about midnight. Some hours before the occurrence of the paroxysm the disposition became irritable, there was prostration, with yawning, chilliness, cold feet; then followed a violent jerk in the affected nerve, in my cases in the *pes anserinus* or the temporal. Boring, stitching, lancinating, crushing pains in the jaws, drawing, jerking in the sympathetically affected nerves; these radiations extended very far, as far as the finger points. In one case, chilly feeling through the teeth, and fine drawing in the borders of the teeth, trembling throughout the body, spasms in the throat, diuresis, cold, perceptible to the touch in the distorted face; loud cries of despair and irritation, alternated with the characteristic cocculus stupefaction of the brain. The attacks lasted from four to six hours, and even after the cessation of the prosopalgia the cerebral stupefaction with delirium lasted until late at night. In the period of remission during the day, the facial nerves were quite free from pain, but the sympathetic affections in other nerves, as, for instance, the paralysed feeling in the arm of the same side and the drawing in dental nerves continued."

Slight relapses in such cases, Dr. Gerson adds, readily yielded to a few additional doses.

It is clear, from the absence of all mention of facial pains of a neuralgic type in the provings of cocculus, that Dr. Gerson took his cue in selecting cocculus from the more purely cerebral symptoms, more especially what he correctly terms the "characteristic stupefaction of the brain." In any case of cerebro-spinal disease, where this symptom occurs cocculus should be referred

to when deciding on the most appropriate medicine to prescribe.

In epilepsy, it is in its recent and acute forms that we have most reason to expect advantage from the use of cocculus. In puerperal eclampsia, the symptoms will in some cases correspond to those occasioned by cocculus.

In writers' cramp, especially in worn and irritable subjects, cocculus will in some cases be found useful.

In paralysis arising from disease of the spinal cord, cocculus has been used with advantage. It is in comparatively recent cases where, together with the loss of power, there is a great deal of irritability manifested in the form of spasms and jerking of individual muscles that it is useful.

The late Dr. Trinks, of Dresden, has recorded an interesting case of post-diphtheritic paralysis of long-standing, in which cocculus appeared to act curatively, and was certainly well indicated by the symptoms the patient presented. (*Brit. Jl. Hom.*, vol. xix, p. 312).

"B. B., the patient, was a lady, aged 20, who had suffered from diphtherite, in London. Her case was reported in No. LXXIV of this journal.

"I first saw the patient, after her return from a residence in the country, on the 19th of October, 1859. She told me that debility of the feet became perceptible immediately after she got through the diphtheria, and kept increasing from time to time. She was also struck, as soon as she quitted her bed for the first time, with a furry sensation in the soles and toes of both feet. She was unable to raise herself by her own strength from her seat on the sofa, but required the support of another; nor could she stand upright alone, but had to rest her hands on the table, or be propped up under the arms; so also, in attempting to move two steps forwards, she could not lift her feet, but pushed them on along the floor. After long sitting her feet became stiff and inflexible, and on each attempt to raise herself by her own exertions her knees bent under her. When sitting or lying down, she felt drawing pains in the flesh of the thigh and leg. During the last four weeks she had also experienced stiffness and awkward powerlessness of the hands and fingers, which were no longer in a condition to grasp and retain small objects, but let them fall again directly, nor could she any longer play the piano. She has frequently occasion to pass water, being unable to retain it as long as when she was in health.

"A minute examination of all the cervical, dorsal and lumbar vertebræ, and of the sacral region discovered nothing more than

a curvature of the spine towards the left side, established in early youth; not a single vertebra painful or prominent. Also, the patient had no painful symptom in the spinal canal or marrow of the dorsal or sacral region. She had become emaciated, but no wasting of the muscles of the neck, the back, or the upper or lower extremities could be observed. The brain was free from all morbid symptoms; latterly it became difficult for her to hold up her head long. The sensation in her hands and feet had become more and more dull; the numbness, or furry sensation of the toes and soles of the feet specially troublesome, with which, also, a certain heaviness of the feet was associated.

“Minute physical examination of the organs of respiration and circulation and of the abdomen discovered nothing abnormal. The appetite, digestion, and stool were not deranged; the urine continued bright and clear, and was proved acid by testing. The monthly period occurred regularly (scanty and of short duration), sleep often intercepted; not refreshing nor restorative. All these morbid symptoms, which manifested themselves in the spheres of sensation and motion of the upper and lower limbs, indicated some disorder of the spinal cord, which had developed itself subsequently to the diphtheria, and may well be considered as a sequela of it.

“In this instance, there was great reason to expect a further advance of the disease to atrophy or softening * * * * * The prognosis in this case could not be favourable. Here was an affection of the spinal cord, the nature of which could not be precisely ascertained from existing circumstances but which, at any rate, already extended beyond functional disorder, and placed in very near prospect some alteration of the nervous substance, either in the way of wasting or softening. Moreover, since its first manifestation after recovering from diphtheria, it had spread over a period of nine months, and the symptoms had increased both in extent and intensity. It had advanced from the lower extremities to the peripheral terminations of the brachial plexus, and had also already seized that portion of the spinal cord from which the plexus originates. From the ‘curative powers of nature’ there was so much less to be expected, inasmuch as the progressive extension of the disease shut out the prospect of the occurrence of such aid. Here art alone could avail, for the so-called ‘nature cures’ must be set down amongst other rarities. Repeated favourable experience determined the choice of cocculus, which had already proved useful to me in several similar cases. I prescribed a simple but nourishing diet, and gave the patient three drops, morning and evening, of the

second decimal dilution of the tincture on the 20th of October.

"After taking this medicine for 14 days, she noticed a decided diminution of the drawing pains in the lower limbs, and increased power on rising from her seat, and standing. Then the monthly period came on which brought the progressive improvement to a standstill. After this, the same medicine was taken again, and by the next month the amelioration had proceeded so far that she again began to attempt walking in the room and kept gaining strength in the lower extremities. At the same time, her sleep became quiet; and, with the commencement of a better appetite, she became visibly stouter.

"In the third month the sensation of numbness and furriness in the fingers, soles of her feet and toes gradually disappeared. She could resume manual employments, and began to play the piano again.

"Thus, within half a year, all the above-named morbid symptoms in the sensorial and motor spheres of the upper and lower extremities were removed. At the commencement of spring she was so free from all those troubles that she could sit, stand, and walk as long as she liked without feeling any weakness in her limbs, and she had become stout in person and robust. During the last three months she took the same medicine, only at longer intervals."

Spinal irritation also, there are some cases that will be benefited by cocculus, more especially in such as experience the kind of headache, followed by sickness, which I have described. The late Dr. Small, of Chicago, recorded such a case in the *United States Medical and Surgical Journal*, for July, 1871:—

"The patient," he says, "was a young woman who had suffered much from vertigo and frequently from sick headache on rising in the morning. After suffering in this way for an indefinite length of time, she began to experience stiffness in the muscles of the neck and great weakness; she had considerable pain in the lower portion of the spine, and trembling of the limbs; she also complained of oppression of the chest, palpitation of the heart, paralytic weakness of the right side, and numbness in the right upper and lower extremities. Dr. Small directed the use of the flesh brush over the surface of the parts affected, and ten drops of the sixth solution of cocculus to be added to four tablespoonfuls of water, a teaspoonful to be administered every three hours. She soon began to experience decided relief. The remedy was discontinued after a week and no further medication was required."

The influence of the cerebro-spinal excitement characterising the action of cocculus is very marked in the gastro-intestinal tract, the symptoms significant of this I will now examine.

The tongue is rough, dry and coated white, or yellowish white. The buccal mucous membrane is dry and somewhat heated, the taste is metallic, sour or bitter.

There is some difficulty in swallowing, with great heat and dryness in the throat.

Extreme aversion to food—the smell of it is loathsome. Thirst is great. Eructations are frequent and offensive. Great nausea is felt after eating or drinking. Nausea and inclination to vomit came on while riding in a waggon. “In the morning she is scarcely able to rise on account of sickness and inclination to vomit.” “Inclination to vomit, associated with headache and pain in the intestines, as if they were bruised.” Vomiting is excessive and repeated in all serious cases of poisoning by cocculus. Pain in the stomach is of a cramp-like, constrictive character, and very frequent. The cramp and griping type of pain is that which is most marked in the proving of cocculus, and there is at the same time a great sense of pressure. In fatal cases of poisoning there is tenderness on pressure, not only in the epigastric, but also in the umbilical region, and throughout the abdomen, which is distended with flatus. This flatulent distension attended by griping and colic-like pains is a very marked and constant effect of cocculus. The following description of the condition from Hahnemann’s proving is remarkably characteristic of that in which cocculus is remedial:—“Flatulent colic about midnight, awakened by incessant accumulation of flatulence, which distended the abdomen, causing oppressive pain here and there; some was passed without remarkable relief, whilst new flatus constantly collected for several hours; he was obliged to lie first on one side and then on the other in order to obtain relief.”

This extreme distension is especially noticed in the groins where one prover remarked “a paralytic-like pain in the right abdominal ring as if something would force itself through; a pain as from hernia, only while sitting, relieved on rising.”

The action of this drug on the bowels is to produce

irregularity. Constipation is followed by diarrhoea, and diarrhoea by constipation. When small doses were used in proving, constipation appears to have been determined; when fatally poisonous quantities were taken the stools were frequent, whitish-yellow and fluid at first, and subsequently very putrid.

On the female sexual organs the action of cocculus is well marked. Menstruation was, in one experiment, profuse, and in another eight days too early, and in both attended with abdominal distension and pain of a cutting, contracting type in the lumbar, sacral and hypogastric regions on every movement, and when taking a deep breath.

In the respiratory sphere we find that cocculus produces—chiefly, however, when taken in ultimately fatal doses—considerable oppression of the breathing with pressive pains over the sternum, and constrictive pains, with some stitches, in both sides of the chest.

Now, while the symptoms remarked in the gastric intestinal tract could hardly occur without more or less irritation of the mucous membrane, and while the *post mortem* examination of animals poisoned with picrotoxin show that this structure is inflamed, yet the kind of vomiting, the circumstances under which it occurs, as well as those which tend to relieve it, the colic-like pains which pervade the abdomen, and the extreme flatulent distension thereof show clearly that it is excitement and irritation of the nervous centres that primarily occasions the inflammatory state.

Hence it is when such symptoms as these present themselves as the phenomena of nervous disturbance that cocculus has chiefly been found useful.

For example, in sick headache, commencing early in the morning, and attended with much vomiting and colic-like pains in the abdomen, it is often useful, more especially is it so when at the same time the patient is anxious, easily worried and irritable.

In sea-sickness it is invaluable where the sickness is attended with vertigo, coming on on attempting to sit up or stand. The vomiting is not sudden and profuse, as is that relieved by apomorphia, but moderate in amount and attended by a good deal of retching. In sea-sickness of this kind I have taken it myself and prescribed it for others with great advantage. In the case

of a young man who had made two voyages across the Atlantic and during both had been distressingly ill for several days, and never well throughout, before leaving for a third, I urged his taking cocculus, and when doing so, he said he thought it would be useless, but that anything that could stop him from being sick must be very wonderful! On his arrival "out West," he wrote, saying that though he had not been quite free from sickness, yet he had got on remarkably well, far better than during either previous voyage.

Cocculus, however, is no panacea for sea-sickness. All cases are not precisely alike, and it is only in those, and those only, where the symptoms resemble such as cocculus produces, that it is curative, and of these the most characteristic is the dizziness, followed by retching and sickness, which occurs on rising from a horizontal position.

Not only is the sickness produced by the motion of a vessel or a carriage amenable to it, but also diarrhœa arising from the same cause. This was proved by a case reported by Dr. Dyce Brown (*Monthly Hom. Review*, vol. xvi., p. 224), in which, as the title to his account of it informs us, "the medicine was chosen by analogy." The patient was a lady who was "invariably attacked with diarrhœa, whenever she rode in a cab, omnibus, or train, though the distance might be only two or three miles. This diarrhœa sometimes continued for days after. She was never sick." Being asked to prescribe for her, Dr. Brown writes, "As the symptoms were quite analogous to the sickness which is sometimes similarly caused, I prescribed cocculus 8, a pilule to be taken first thing on the morning of the journey, a second about two hours after and a third just before starting. On her journey she was to take a pilule every two hours, unless the premonitory feeling of diarrhœa should come on, in which case one was to be taken every half hour. Following these directions she travelled from Aberdeen to the heart of England and back again a month afterwards without any indication of her usual attack or any diarrhœa occurring after her arrival at her destination."

Cramp in the stomach and colic-like pain in the abdomen occurring in nervous or hysterical persons are often relieved by cocculus.

In menstrual colic, more particularly when menorrhagia follows, *cocculus* is one of the most valuable medicines. Dr. Farrington describes the symptoms of the kind of menstrual colic in which *cocculus* is useful as follows :—

“ The pain is as if there were sharp stones rubbing against each other in the abdomen. There is very often with this colic excessive distension of the abdomen from accumulation of flatus. The colic is especially liable to come on at night and awaken the patient. It is relieved by belching, but returns again from re-accumulation of flatus. The patient is irritable.”

The chest symptoms attributed to *cocculus* do not suggest a resemblance to any special form of disease. They are mostly the result of abdominal distension or traceable to central irritation of the spinal nerves distributed to the thorax.

Cocculus has generally been used in the third decimal or centesimal dilution. In some cases, such as headache, sea-sickness and menstrual colic, either affords a good and sufficient dose, but when required in convulsive disorders or paralytic condition, I feel sure that more good will be derived from the first decimal or the pure tincture than from attenuations of the drug.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

(Continued from p. 296.)

THREE consultations have been held in March, April and May. The average attendance of medical men has been fourteen. Eleven cases have been shown, of which the following are some of the most interesting :—

CASE XXV.—*Multiple Tubercular Bone Disease in a Child, illustrated by X Ray Photographs.*

Mr. Gerard Smith exhibited this case. It was most interesting in demonstrating another use of the new discovery of Professor Röntgen.

The patient, a boy, aged 9 years, from whose hands radiographs had been taken, had a marked phthisical family history. The case was not of any special com-

plexity, being merely a well defined example of strumous dactylitis. The radiographs were, however, of special interest, as they clearly showed the early thickening of the periosteum around the affected bones; suggesting that this form of disease commences as a periostitis, and that the changes in the bone are secondary, or at any rate secondary in their onset.

Mr. Gerard Smith did not think that it had previously been demonstrated that the X rays were partially arrested by the thickened periosteum, and that this fact was of some importance as an addition to our uses of the new photography. Mr. Gerard Smith remarked that the early diagnosis by the rays of commencing periostitis in strumous dactylitis did not encourage him personally to make early incisions with a view of giving exit to pus, though the relief of tension might be brought about by that proceeding. The pus that does form in this disease, appeared to be outside the periosteum, in the surrounding tissues. But that in other cases, where the early detection of the separation of the periosteum from the bone by pus might be detected by the X rays, early incision would no doubt be the means of saving the bone; hence the value of this application of radiography.

Dr. Byres Moir said as to treatment in these cases of strumous dactylitis, that there was no need to be in any hurry to interfere in the way of lancing. He had found calcarea and silica 8-12 very efficacious, and occasionally phosphorus. As a dressing in these cases, when there were open wounds, he had seen bovinin, or beef extract, of great use.

Mr. Dudley Wright congratulated Mr. Gerard Smith on his illustrations. He thought these showed that there was very little stripping off of the periosteum with pus, which, as shown in the radiographs, appeared to have collected outside the periosteum. For treatment, he advised rest and pressure, with arsen. iod. and the soluble solution of silica. He had treated many cases by rubbing in the iodine ointment and then firmly bandaging. By this means he had seldom had to open abscesses. He said the swellings of dactylitis were often mistaken for abscesses.

Mr. Johnstone advocated opening early if there was pus under the periosteum and so preventing necrosis.

Dr. Wynne Thomas also showed some radiographs of a hand affected with strumous dactylitis.

Dr. Wynne Thomas has kindly furnished the following particulars of his case:—

E. H., 3 years of age, had suffered from swellings in the hands for 16 months. The mother of the patient died of phthisis 10 months ago. There were three other children, all fairly healthy. Patient seemed healthy when born. When she was 18 months old, the middle phalanx of the right ring finger and the middle phalanx of the left little finger began to swell, and after a few weeks began to discharge. This continued for some months, and some small pieces of bone came away. These fingers were now quiescent. About the same time swellings formed at the outer margins of both orbits, and went through the same stages, but had now completely healed.

This patient was shown by Dr. Madden at the consultation held on April 5th, 1895, and had since continued under treatment, taking principally calc. carb. 12, silica 3, calc. fluor 3x and occasional doses of sulphur 8. In spite of these remedies, however, in December last the middle finger of the left hand and metacarpal of the right index finger began to enlarge; two months later they discharged, and continued to do so at the present time, the sinuses leading down to bone.

The radiograph which Dr. Wynne Thomas showed at the meeting was taken by his friend Mr. Stanley Hainkings, the exposure lasting four minutes. Unfortunately, the negative of the right hand was broken.

The photo of the left hand distinctly showed the growth of new bone around the shaft of the phalanx beneath the periosteum. Dr. Wynne Thomas on April 15th well scraped the sinuses, and afterwards put up the hands and forearms in plaster of Paris splints, leaving windows over the wounds for iodoform gauze dressings. Since operating and keeping the hands at rest, the discharge had greatly diminished, the pain had disappeared, and it was hoped the fingers would be saved.

At the consultation on April 5th, 1895, Dr. Epps mentioned a case somewhat similar to this case of Dr. Wynne Thomas, in which an abscess formed at the root of each canine tooth. The abscesses were lanced,

and a scale of necrosed bone came away from each abscess and disfiguring scars remained. The abscesses were from two to three years in healing, but they afterwards remained absolutely sound for over seven years. In his, Dr. Epps' case, the principal remedies used were calc. carb., silica, calc. fluor. and hepar sulph. in various dilutions, assisted by sea air.

CASE XXVI.—*A Case of Injury to the Femur in a Child.*

Mr. Gerard Smith also showed this case. The patient was a little girl of five years, who, about twelve months ago, being then flat-footed and knock-kneed, fell down stairs. For six months all the symptoms pointed to injury or oncoming disease of the right hip, with diffused pain, tenderness and puffy swelling of the whole thigh; the knee appearing normal, except that the swelling above it gave the appearance of the joint being smaller than normal. The swelling and pain subsided after the limb had been fixed to a long splint for eight weeks, and there was no hip trouble. The child went away to the seaside, and on her return, recently, the present state of things was disclosed. The whole injury had evidently been one of either green-stick fracture of the femur, or of backward displacement of the lower epiphysis. Mr. Gerard Smith had not at the time of the consultation made a radiograph, so was unable by this means to substantiate or correct his diagnosis. The general opinion at the consultation was in favour of green-stick fracture.

CASE XXVII.—*A Sarcoma in the Axilla.*

Mr. James Johnstone showed this interesting case. The patient C. A. C., aged 69, book-keeper, had always had good health, and the family history was good. Five years ago he noticed the swelling of a lump which he had had in the right axilla for 40 years (noticed after a strain) but which was not of the nature of a mole. The swelling had continued up to the present date, and during the last two years had extended into the neck. The right arm swelled a little but there was no pain. Patient had been getting thinner since January last, when he had bronchitis and gastric catarrh. Patient had been in St. Bartholomew's two years ago, but refused operation.

The man had been attending Mr. Johnstone's clinic for three weeks, and had taken *hydrastis* ϕ *mi* t.d.s., without noticeable change.

At the consultation no operation was advised. Dr. A. C. Clifton suggested *conium* and Dr. Epps *phytolacca*.

CASE XXVIII.—*A Tumour in the Posterior Triangle of the Neck.*

Mr. James Johnstone also showed this case:—A. F., aged 26, married, one child. General health good. About the middle of 1895 patient noticed a small "ball" in the neck, which could be moved up and down. In October the tumour increased in size, and for the last three months (February-April) it had still further increased in size, and caused pain in the shoulder and neck, shooting pains down the arm, and latterly disturbed sensation in the lobe of the left ear.

Mr. Knox Shaw did not advise operation; from the slowness of the growth, he thought the tumour a lympo-sarcoma, and allied to Hodgkins' disease.

CASE XXIX.—*Epithelioma of Lip developed in a long-standing Gummatous Nodule.*

Dr. Galley Blackley showed a man, aged 54, clerk, a strict vegetarian, abstainer and non-smoker, living for the last twenty years in Guernsey, and before that for twenty years in Australia. He was married, but had no family, and his wife had not had any miscarriages. No history of venereal disease could be elicited. Fourteen years ago the patient suffered with a large painful swelling on the outer side of the right thigh, and over this a "pimple" formed, which was cauterised, and was followed by the evacuation of numerous large sloughs. On the site of this, when first seen two years ago, there was a large puckered patch of skin about the size of the hand, slightly undermined at the edges of a small ragged opening, and communicating with a much indurated and firmly adherent growth in the extensor muscles. Five years ago he first noticed a small hard nodule on the lower lip. Two years ago the right side of the lower lip was occupied by a prominent ulcer resembling a small strawberry, not indurated at the edges, and with no glandular enlargement. Since this time, in spite of vigorous anti-

syphilitic treatment, resolved upon after a consultation with Mr. Knox Shaw last July, the growth had gradually changed its character, becoming flatter, indurated, overhanging at the edges, very vascular on the surface and spreading steadily on the dental surface of the lip. Still there was no involvement of the glands, and the patient's general health remained good. Although only 5 feet 4 inches in height he weighed exactly 12 stone. The mass over the femur was smaller, so the patient said, than it had been at any time since it first started.

The patient had been seen twice, at intervals of six months. The tumour on the first occasion presenting features of both gumma and epithelioma, but the accompanying lesion in the thigh weighed for gumma, the failure of anti-syphilitic treatment and the obvious extension of the disease in the lip, in spite of the lessening of the mass in the thigh made epithelioma probable and operation advisable. The questions for discussion at the consultation were:—

1st. Was the ulcer of the lip malignant or specific?

2nd. What treatment was advisable?

Dr. Epps thought the ulcer syphilitic, and said that if kali iodide gr. xx ter die did not much lessen it in four weeks, to give aurum or aurum iod. 3x.

Dr. Chapman thought the lesion syphilitic, but doubted whether there was not now the onset of malignancy.

Mr. Dudley Wright thought the lesion syphilitic, but said it was very suspicious of malignancy. He suggested using a nitric acid lotion, seeing the good this application had in Dr. Moir's case shown at the consultation November 2nd, 1894 (reported *M. H. R.* January, 1895, page 31), but if there was no improvement in two weeks he would advise excision.

Dr. Moir referred to his case in which the ulcer was growing rapidly, and in which it almost completely healed in ten days. He considered the diagnosis doubtful; unless the growth was very rapid he should think it malignant.

Mr. Johnstone thought the ulcer malignant now. He suggested examining a section of the indurated margin and being guided by the result, as they did in Dr. Moir's case.

Dr. Galley Blackley did not agree with Mr. Johnstone. He had seen the case eight times since February, 1894, and had now a very strong feeling in favour of malignancy.

Mr. Shaw saw the case last week, and still considered it syphilitic. He mentioned that last year calomel dusting gave much pain.

SEQUEL.

On January 25th Dr. Blackley, under cocaine anæsthesia, removed a small wedge shaped piece from the mental margin of the ulcer. After being hardened in the usual way, it was submitted to microscopic examination by Mr. James Johnstone, with the result that the usual appearances presented by an epithelioma were found to be present. At Dr. Blackley's suggestion the patient entered the hospital, and on February 11th Mr. Knox Shaw removed the growth very freely, the resulting deformity being restored by the Symes and Buchanan method of double flaps. The operation gave an excellent result, and the patient made a very rapid recovery.

A microscopic section of the tumour showed it to be a squamous-celled epithelioma, but with an unusual amount of fibrous tissue, showing that the epithelioma had in all probability been grafted on to a gummatous base.

On April 14th the patient was reported by his usual medical attendant in Guernsey as remaining "quite well in every way."

CASE XXX.—*Three Albinos in one family with Nystagmus.*

Dr. Roberson Day exhibited this very curious trio of fair girls, aged respectively 14 and 9 years and 5 months. The parents were first cousins, aged 40 and 38, strong, healthy and with dark brown hair; they had had seven children, four albinos and three others, thus:—

1. Boy, dark.
2. Boy, albino, died.
3. Girl, albino, 14 years.
4. Boy, dark.
5. Girl, albino, 9 years.
6. Boy, dark, died.
7. Girl, albino, 5 months.

The three girls shown were pure albinos, with white hair, pale blue eyes with red pupils, the eyes were in constant motion (lateral nystagmus), and skins without pigment, and much reddened from the sun's rays. They were all otherwise fine, well grown, healthy girls.

ORIGINAL THERAPEUTIC AND CLINICAL NOTES OF RECENT CASES.

By W. THEOPHILUS ORD, M.R.C.S., Eng. L.R.C.P., Lond.

1.—*Chronic Laryngeal Cough*.—*Pulsatilla* 30.

Reported by Dr. BRYCE, Edinburgh.

A NURSE complained of a hard distressing cough, which had troubled her on and off for eighteen years. Examination by a skilled laryngoscopist revealed nothing but slight congestion of vocal cords. *Spongia* and afterwards *causticum* were prescribed, but failed to relieve, though the larynx was evidently the seat of the trouble. Afterwards it was learnt that the cough commenced originally after measles in childhood, and since it was always worse in a hot room and relieved by going into colder air, *pulsatilla* 30 was prescribed. After a few days the cough ceased and has never returned.

II.—*Chronic Headache*.—*Pulsatilla* 30.

A woman, over 60 years old, had suffered from constant attacks of severe headache for 30 years. The pain was over the vertex, and if it came on when she was in a hot room she was obliged to go out into cold air to relieve it. It was much more frequent in hot confined air, and rarely or never occurred out of doors. These being the only indications, *pulsatilla* 30 was ordered, which cured in a few weeks, and the headache has not been felt since.

III.—*Constipation*.—*Bryonia* 200.

A female patient suffered from severe and exhausting diarrhoea for some time, which was quickly cured by *kali bichrom*. After this, the motions became very large, hard and light coloured, and being presently too massive to pass, resulted in obstinate constipation, which nothing relieved for 10 days. With this there developed a severe pain over the right hip, which was worse on

motion, and became so violent that the patient could not get out of bed. Bryonia 200 was prescribed, which cured both troubles almost at once.

IV.—*Tumour of Neck after a Fall—Arnica.*

About nine months after a severe fall and bruise of the neck, over the posterior cervical spines, a tumour formed having the following characteristics. It was firm and rather hard, there was no fluctuation, it was slightly moveable and evidently not fixed to the bone, but probably in the deep cervical fascia. In size it became as large as a closed fist. Arnica 2x. was ordered internally, and without local treatment removed all trace of the swelling in a month.

Reported by Dr. ORD, Bournemouth.

I.—*Chronic Constipation—Plumbum Met.*

Miss S., aged 22 years, had suffered from chronic constipation for four years, obtaining relief by pills or purgatives, without which she would go from seven to fourteen days having no motion. Patient was becoming thin and anæmic, and suffering from constant colicky pains before food, which were much worse before the periods. Menstruation had been too frequent, but was now regular and normal. Appetite fair, tongue clean. After nux and hydrastis had failed, plumbum metallicum 8x trit. was ordered. In three days a natural motion occurred, and after this bowels moved regularly every second day, and continued to do so a year afterwards.

II.—*Chronic Abdominal Pains.—Lycopodium.*

Mr. C., æt. 58, a shoemaker.—For several years has suffered from attacks of severe pains shooting through bowels into privates. They are especially worse in cold weather, are felt generally when sitting, and are so severe as to double him up and prevent his walking. Formerly they would cease in bed at night, but now they continue for two hours after he goes to rest. The pain ceases usually when he lies down, but returns immediately on sitting up. It is worst at the bottom of the bowels, and shoots into the scrotum, and sometimes is relieved by holding up the latter. Now the attacks have become so severe that nothing relieves them.

Patient suffers much from fulness after food, and

is afraid to eat. There is much flatulence in bowels, which are constipated. His water is thick and deposits a red sediment. Examination failed to detect any cause of trouble or tenderness, though there was distension from flatus.

The ethereal tincture of lycopodium was ordered, five drops of the 2nd. dec. t.d.s. before food. In a fortnight patient returned in delight, having suffered no pain after the second day, and believing himself cured. Six months afterwards he remained well.

III.—*Pleurodynia*—*Ranunculus Bulbosus*.

Mrs. W., aged 45, felt a slight pain in left side, which caught her breath, but soon passed. Two days after, on returning at night from a concert, the pain re-appeared, becoming rapidly worse. I found patient in bed, respiration rapid, shallow and "catchy." Patient cannot move or draw a breath without jumping up in bed from pain. There is tenderness round left (5th, 6th, and 7th) ribs. No cough, no pleuritic rub, no dulness on percussion. No cardiac murmur. Temperature 99.8°. Patient very restless and distressed. Ordered a poultice to side, aconite and bryonia internally. Next day a little easier, but very bad. Temperature 97.8°. Aconite stopped, and cimicifuga given in alternation with bryonia. Two days after, pain very little better; feels well in herself, but cannot move or breathe in comfort; pain worst on raising arm and sneezing, it is still violent and tearing. Side was now strapped, and sulphur tried, but with very little benefit. Pain has now settled in a spot size of a crown piece over apex of heart, which is very tender to touch. Ordered ranunculus bulbosus 1x gtt. v. every two hours. In two days pain almost gone, she was up and doing her work. In a week slight soreness on sneezing or raising arm only. Next week well. Two months after, pain had not been felt since.

IV.—*Acute Aural Catarrh*—*Plantago*.

Mr. X, æt. about 35 years. Has five or six times in last few winters had most violent and distressing ear-ache, lasting two or three days, and followed by perforation of drum-head and discharge of sanguineous serum, with relief to pain and transient deafness. The pain is throbbing, and completely incapacitates him from business, being most agonising. All kinds of old-school

treatment has been tried, but nothing relieved it except 5 grain doses of exalgine, which patient freely used with port wine. During an attack the drum was seen to be bulging, red, and to visibly pulsate. There is some chronic catarrh always going on in ears, but hearing is very slightly affected. The attacks are brought on by exposure, over mental exertion, or want of sleep. Last winter two threatened attacks were stopped by plantago ϕ 8 drops every hour. When first prescribed pain had lasted six hours, and was rapidly increasing. Belladonna relieved the violent throbbing, but did not affect pain, which, however, disappeared after three doses of plantago. Patient had a good night and went about his work as usual next day, complaining only of fulness and soreness of ear, which had gone the second day. There was no perforation of drum or discharge. A second attack was similarly aborted about a month later. A year after patient had remained free from attacks.

HYPERPYREXIA.

By B. W. NANKIVELL, L.R.C.P., Lond., &c.

Assistant Physician to the Hahnemann Home and Bournemouth
Dispensaries.

THE following case having several unusual features seems worth recording:—

On April 22nd of this year I was sent for to see Nurse X., æt 32.

Previous History.—Had rheumatic fever when 18, and has had rheumatic pains at times since then. Two years ago, after nursing a good many cases of influenza, took it herself and was laid up for a week or so. Patient has lately been nursing in a local hospital. Two patients in the ward in which she was, contracted influenza. She has not been exposed to any other contagion that she is aware of.

Present Attack.—Patient states that she has not felt very well for four days (viz., since her return from the hospital). Yesterday morning awoke with some headache and vomited once. Being a fine day went to Swanage and back by steamer; but felt worse in the evening. There has been no shivering. When first seen patient was in bed. Temperature 100.4. Pulse 96. Complains of severe pain in head, which kept her awake

most of the night. It is worst in the frontal region, of a throbbing character, and aggravated by noise and movement. There is much aching pain in back and legs, and a stuffy feeling over upper part of chest. Throat sore on right side; worse on swallowing. Nothing revealed on examination. Conjunctivæ are somewhat congested. Tongue moist; brownish fur down centre.

The case was diagnosed as a mild attack of influenza. Acon. 1x and bell. 1x alternate two hours. Slop diet.

April 23rd. Better every way. Pain less. Slept well. Rep.

In the evening, however, there was a new development.

At 10-15 p.m. the patient complained of feeling rather hot and uncomfortable; and on her temperature being taken, first with one and then with another thermometer, the mercury ascended as high as it could go, viz., 110.6. Her nurse being naturally alarmed, telephoned for me, and I hurried off at once. The first glance at the patient, however, relieved my mind. She answered questions quietly and was in no distress. Pulse 84, regular, easily compressible. Heart sounds good. Skin moist. Face somewhat dusky and pupils slightly dilated. Temperature had fallen to 102.2.

Dr. H. Nankivell (who kindly saw the case with me then and at a later date) advised continuing with the same medicines, and that a five-grain tabloid of anti-toxin should be given if the temperature ran up again. This occurred about 8 a.m., when it rose to 108.4. At 9 a.m. I found it had fallen to 105.4. Pulse 60. Some pain in left elbow and oppression at upper part of chest. To be sponged with hot water. Acon. 1x and bry. 1x alternate hours.

By mid-day the temperature had fallen to normal. Omit acon.

Urine 1004; acid; pale; clear; no albumen; no deposit.

There was a smaller wave of heat in the afternoon, reaching 104.6 at 8 p.m., rapidly falling to 99° an hour later, and then rising with a jump to 105.6.

This proved to be the beginning of the end. At midnight the temperature was 97.6, and has not since risen above 99°.

Convalescence was uninterrupted, and the patient out on the fourth day.

Remarks.—I have not ventured to qualify my heading of hyperpyrexia, but should suggest that it was probably influenzal in origin—the thermo-genetic centre being unusually affected.

The other points that strike one are the rapid rise and fall of temperature unaccompanied by the usual systemic disturbance.

The pulse ranged from 56 to 84, and averaged about 60.

With regard to medicines. Aconite relieved the pain, but did not control the rise of temperature, and was discontinued on account of its slowing influence on the pulse.

Woodstock,
Bournemouth.

REVIEWS.

A Manual of Nervous Diseases and their Homœopathic Treatment. A Compend for Students, Colleges and Physicians. By GEORGE F. MARTIN, M.D., Professor of Mental and Nervous Diseases, Hahnemann Hospital College, San Francisco. New York and Chicago: Medical Century Company. 1896.

THE aim of this work is thus expressed by the author in the preface. "In offering this little work to the profession, it is the object of the author to furnish a treatise upon nervous diseases, which will be concise and at the same time practical, both for the student and the busy practitioner. It is not intended as a substitute for the larger text-books on the subject, but to be merely an outline of the diseases described. To the student it will take the place of the 'Quiz-compend,' as it has been arranged according to the methods used in such books. To the practitioner it will be of use as a ready manual in which he can quickly determine the character of the case that he is looking up, while it at the same time outlines a method of treatment." This aim has been consistently carried out, and, we think, very successfully. A small book on the wide subject of nervous diseases is a valuable help to the busy practitioner, and Dr. Martin has produced a work that will be often referred to, to remind one of details which may have escaped the memory. To the student it will be invaluable

in refreshing his memory before examinations. The "Quiz-compend" we do not know in this country, but the form of question and answer is a very useful one to bring out the points of importance in study and in practice. Dr. Martin has succeeded in a small compass in doing this. Nothing of importance is omitted, while not an unnecessary word is made use of. The first part, on the anatomy and physiology, is admirably done, concise and clear, while the main body of the work with the treatment is equally good. Although suggested as a help for reference to the practitioner, many a one would do himself a service if he would read it straight through. The book is sure to be popular with students and practitioners, and we heartily recommend it. It is full of excellent illustrations.

Our Growing Children, with Special Reference to the Physical Education of the Weakly. By GERARD SMITH, M.R.C.S. London: John Bale and Sons. 1896.

The preface to Mr. Gerard Smith's book—with which he "threatened" us some time ago in a letter to this *Review*—is dated December, 1895, but it has only just come into our hands. It is divided into six chapters, and covers a fairly wide area, as, indeed, its title would indicate. The author has produced a very readable little volume, and the piquancy and practicality of many of the remarks, show that he knows what he is talking about, and is well able to make his meaning plain. We can hardly do better than give our readers one or two quotations. Many of the passages we should like to read to children's nurses, governesses, and parents. In one of the earlier pages we find a statement of the utmost importance, and containing truth often overlooked, unless it be observed with the object of calling forth reproof. "The infant is constantly on the move; it quivers with little muscular thrills and jerks, undirected and misdirected nerve discharges, and during the whole of child life this fidgetiness is the natural state. A healthy child cannot keep still for more than a very few moments. Such an effort is a task for a child; it is work to be learned by degrees, and *if too much stillness is demanded from a child, exhaustion and irritability is the result.* Those who, have to teach children should remember that *movement is a child's rest* . . ." (Italics ours.) Speaking of various ages, the author adds:—"Below seven years of age all work should be play; from seven to twelve brisk play should be put in short periods between the head work; and up to fifteen there should

always be at least half-an-hour given up to active exercise in the course of the five hours which should constitute a day's brain work." Further on we read, respecting the lighting of schoolrooms, not only must there be windows suitably placed, but "the windows should reach to near the ceiling and should be square at the top, not tapering off to a point, whilst outside there should be no ornamental over-hanging eaves," &c. If blinds are needed to modify the light they "should be of a semi-translucent material, and not of any of the primary colours," which would "tire the eyes by one set of vivid impressions."

A chapter of about 20 pages gives an account of the general arrangement of the chief muscles. Two others deal with exercises. At page 68 (*et seq.*) the evil results of stooping are lucidly pointed out, and the easy remedies suggested. "In stooping girls," it is said, "the corsets used are often very wicked," and the explanation given will commend itself to any thinking parent or teacher. Again, Mr. Smith pithily remarks: "A corset with a natural and pretty waist to it is of no harm *if there be such a waist inside it.*" (*Italics his.*)

The closing section is an "appendix on posture in cycling." Four diagrams illustrate the author's views—those he tells us which he has formulated as the result of many years' experience in riding. We have not time to notice all the points dwelt upon by our author, but should not omit to mention a capital chapter on lateral curvature.

We think all our readers would be interested in this attractive little volume, and will be struck with its natural and forcible style, many will derive real profit from its perusal, and will recommend it to parents with young children. They could hardly do better.

Cold Catching, Cold Preventing, Cold Curing ; with a Section on Influenza. By JOHN H. CLARKE, M.D. Fourth Edition. London : James Epps and Co., Limited. 1896.

We congratulate Dr. Clarke on his popular little work having reached its fourth edition. It is one of the best of the numerous popular works on homœopathic treatment, and in this edition Dr. Clarke has added new matter, namely, a chapter on Influenza, another on Nasal Polypus, and a third on Hay Fever, all of which are written in the clear, bright, and readable manner of the former editions, and we have no doubt this edition will have a successful sale.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homœopathic Hospital on Thursday, May 7th, Dr. Goldsbrough, President, in the chair.

Mr. Knox Shaw exhibited a patient, æt. 59, upon whom gastrotomy had been performed three weeks previously for stricture of the œsophagus. The patient gave a practical demonstration of the method of feeding in such cases.

Section of Materia Medica and Therapeutics.

Dr. Christopher Wolston read a paper on *The Therapeutic Properties of the Salts of Barium in their Relation to Certain Diseases of the Nervous System and of the Heart*. The writer endeavoured to show that these therapeutic properties depend upon antecedent physiological facts, and that the key to them is in the scientific application of the homœopath's law. He approached the subject from the pathogenetic side. He considered the chloride salt principally, and quoted freely from the *Cyclopædia of Drug Pathogenesis*, both as to its toxic effects and to its effects experimentally upon animals. He considered that barium acts as a depressant upon the voluntary muscles and a stimulant to the involuntary muscles. Its therapeutic indication would be in forms of paralysis of the voluntary muscles when sensation is not affected and pain absent.

He had found practical service for its use in hemiplegia, but of less use in paraplegia; it was a potent remedy in certain forms of paralysis agitans and anterior polio-myelitis. He also instanced its use in other spinal and nerve affections.

The author then proceeded to discuss the action of barium on the nerves of organic life in especial relation to the heart, and referred to the lack of symptoms in the provings; they, however, pointed to "irregularity with feebleness." He then gave clinical evidence of its use in certain cardiac irregularities—feeble and intermittent pulse in neurotic patients. He considered that our knowledge of the sphere of action of the drug has been much extended by physiological experiments, into which he entered, and quoted the experience of others in the use of the drug, mentioning the barium water of Llangam-march. Reference was made, too, to Dr. Flint's use of the drug in aneurism. A discussion followed, taken part in by Dr. Hughes, Dr. Madden, Dr. Blackley, Dr. Moir and Dr. Goldsbrough. Dr. Wolston replied.

In the unavoidable absence of Dr. Arnold, Dr. Epps, Secretary of the Section read his (Dr. Arnold's) paper on *The Therapeutics of Diphtheria from a Statistical Point of View*. Dr. Arnold considered the following drugs, (1) Liq. Ferri

Perchlor. B.P. (2) Chlorate of Potash. (3) Liq. Ferri Perchlor. and Pot. Chlor. in combination. (4) Liq. Ferri Perchlor. Fortior. (5) Petroleum. (6) Magnesium Sulphate. (7) Mercuric Chloride, and Iodide Cyanide. (8) Anti-toxin. Each remedy was carefully considered, authors fully quoted, and methods of application indicated. The paper, which bristled with valuable facts, suggestions and statistics, will not bear condensation, and must be read in its entirety. Some of the statistics were most striking. A considerable part of the paper was taken up with a criticism of the report of the Medical Superintendents of the Metropolitan Asylums Board Hospital just issued.

Dr. Blackley, Mr. Johnstone and Dr. Day took part in the discussion that followed.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

SINCE the appearance of our last number, some further progress has been made with the preparations for this gathering. At a meeting of the officers held on May 7th, it was announced that the American Committee had at last been heard from; and that they had secured Dr. Kraft, of Cleveland, as reporter for the United States, and Dr. James C. Wood, now of the same city, as essayist in gynæcology—his promised paper being on the subject of uterine carcinoma. They had also accepted the essay by Dr. Schleg, of New York, on the value of pathology in homœopathic prescribing. All this is well; but we yet look to them to fill the places in clinical medicine and surgical therapeutics left open for them.

At the same meeting the sub-committee appointed to beat up recruits among our own men reported that, *apropos* of the appearance of a new translation of the *Chronic Diseases*, it had been thought well to have a discussion on Hahnemann's doctrine upon this subject; and that to initiate it a paper would be furnished by Dr. Goldsbrough, President of the British Homœopathic Society. Mr. Knox Shaw, Surgeon to the London Homœopathic Hospital, had been approached with the view of obtaining a surgical paper from him and it was probable that he would give one on the radical treatment of hernia. Mr. Dudley Wright, also, was willing—if room could be found for its discussion—to write on some nasal or aural subject coming within the sphere of his special experience. Further, it has been thought well to have, on the Wednesday forenoon, a discussion on the present state and further requirements of homœopathic literature. Dr.

Clifton had been asked to undertake the duty of British essayist on the theme ; but, his health not being equal to the task, it had been taken up by Dr. Dyce Brown. Dr. Galley Blackley was willing to contribute something in the field of cutaneous therapeutics, to accompany an observation of this kind sent by Dr. Van den Berghe, of Brussels ; and lastly, Dr. Burford, finding that he would not be prepared with the provings of aurum he has set on foot, asked to be excused from this section and employed in that of gynæcology instead. An offer from him of a paper on amenorrhœa with mental disorder had therefore been accepted ; but, it being felt that the discussion on so important a medicine should not be lost, Dr. Washington Epps had been asked to present a study of its pathogenetics and therapeutics as a basis for such debate, and had consented so to do.

The result is that there are already twenty-one papers for discussion, furnished or promised, besides the President's Address and the reports for the several countries of the world. At the next meeting of the officers, on the 4th inst., the programme will have to be finally settled, so that it may be distributed far and wide during the month of June.

We are surprised to find some of our American contemporaries taking us to task during the last three months (the error was noted and corrected in the *Medical Century* and *Homœopathic World* of January 1st) for having elected a staff of purely British officers. They forget that it was they who, in 1876, under the leading of Carroll Dunham, set us the example of so doing, and taught us its advantage. We learned from and followed them in 1881, and were entirely satisfied with the result ; so that on the present occasion we did not care to follow up their new departure of 1891, but preferred to revert to the type. To charge us with various ill qualities for having so chosen is surely unfair and unwise. We secure by such mode of proceeding that the working staff shall be on the spot, available for action ; while we reserve the Honorary Vice-Presidencies of the Congress for our guests from abroad actually present at its meetings. It was thus that Hering, and Gray, and Cloter, Müller and Hughes, in 1876 ; that Breyfogle and Drysdale, and Meyhoffer and Talbot, in 1881 ; that Runnels and Schædler, in 1886, received recognition from their colleagues ; and so it will be in 1896. Dr. Dudgeon's Honorary Presidency is quite another thing. It was not the election of a man to fill an office, but the creation of a temporary office for him to fill, under the circumstances mentioned on p. 645 of our last year's volume. Here, also, we were but following the precedent gracefully afforded us by America in 1891.

MATERIA MEDICA CONFERENCE.

At the last meeting of the American Institute of Homœopathy, a committee of three was appointed "To select a large committee of those interested in the materia medica, including seven of our homœopathic specialists, to provide for the consideration and discussion of questions pertaining to the construction of a scientific materia medica and to call and arrange for a materia medica conference in connection with the next session of this Institute, the conference to continue one or more days (as may be found necessary), and to adjourn finally before the opening of the Institute session. The committee to report its papers and discussions to the Institute for its action."

"This committee consisted of Drs. Pemberton Dudley, J. H. McClelland, and J. S. Mitchell. The larger committee appointed by these gentlemen held its first meeting on November 21st. A list of subjects was selected for the work of the first conference only, as the recommendation to appoint this committee included also a recommendation "That similar conferences should be held under the auspices of the Institute from year to year until we arrive at definite answers and methods for placing the materia medica upon a strictly scientific basis." Dr. T. F. Allen was chosen chairman and Dr. W. A. Dewey, secretary of the committee.

The committee desires to present the following programme: "The conference will meet at the place of the Institute meeting in Detroit, on Tuesday, June 16th, at 3 p.m., and hold three sessions." The first from 3 p.m. to 6 p.m., the second from 8 p.m. to 11 p.m., and the third on Wednesday, June 17th, from 10 a.m. to 1 p.m.

At these three sessions there will be presented and discussed the following topics:—

I. Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research. Essayist, Conrad Wesselhoeft, M.D., Boston, Mass.

II. In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the *Organon*, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of those required by the methods and precautions of scientific research. Introductory Remarks, T. F. Allen, M.D., N.Y. Essayist, Eldridge C. Price, M.D., Baltimore.

III. In the search for the similimum shall we endorse Section 8 of the *Organon* which says that the totality of the symptoms must be the sole indication to direct us in the

choice of a remedy. Essayist, William Boericke, M.D., San Francisco.

The time limit for the above essays and the discussions thereon, has been fixed as follows: Essays not to exceed 30 minutes, discussions must be limited to fifteen minutes. The essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session may be occupied in general discussions of fifteen minutes duration each. As a large number undoubtedly will desire to discuss these important topics, and as the time will be limited, those who desire to take part in the discussions are invited to send their names to the secretary, signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made.—*Minneapolis Homœopathic Magazine.*

HOMŒOPATHY IN THE ASCENDANT IN BALTIMORE.

“HOMŒOPATHY has for the first time in the history of Baltimore received municipal recognition. Over this we rejoice with all lovers not only of the progress of homœopathy, but with those who believe in ‘no taxation without representation’ and with those who believe in fair play. That this new evidence that ‘the world do move’ should create considerable discussion among the public in general, but especially in the ranks of old school medicine, was expected; even the kind of feeling excited could have been predicted without the aid of the ‘prophetic soul.’”

From the people has come general congratulatory expressions that at last homœopathy is finding a “fair field and no favour,” wherein the great school of Galenic exclusivists will be compelled to look to its laurels. From the older school has come a confused sound; some have maintained a discreet silence, some have expressed satisfaction and a recognition that the homœopathic tax-paying populace have a right to representation, and a few have entered protestations fraught with “regular” surprise, drivel and general premonitory signs of hysterical paroxysms, inversely proportioned to the degree of scientific sense, common sense, and charity possessed by the objector.

From the *Maryland Medical Journal* of Feb. 29th last we extract the following editorial remarks, which are as liberal as any rational man should expect:—“The Assistant Health Commissioner is a new man to many. He is Dr. Edward S. Conlyn, a graduate of the Hahnemann College of Philadelphia in 1880.” etc., etc. “It was the desire to represent

this branch of medicine that prompted Mayor Hooper to appoint Dr. Conlyn, and it was done with the idea of fairness that permeates all his actions. The principles on which the two schools are supposed to differ can hardly play any part in the consideration of health matters. These appointments have not yet been confirmed by the City Council, but those who have witnessed the Mayor's tenacity and persistency know that his wish will be the law, kickers and spoilsmen notwithstanding."

This was the unbiassed editorial feeling until the following week, by which time the editor of this weekly had become the recipient of other and less liberal opinions. On March 7th the following views were expressed: "The appointment of two homœopathic physicians by the present administration to city positions has aroused indignation among the regular profession, and there seems to be some justice in this disapproval. As stated recently, it was probably done by the Mayor in his endeavour to be impartial. As stated last week, the principles on which the two schools of medicine are supposed to differ can hardly play any part in the duties of the Assistant Health Commissioner, who has heretofore been little more than clerk and secretary, and has given his principal attention to the abatement of such nuisances as affect the health, and it is probable that a homœopathist could have premises inspected and alleys freed from dead cats, rats, dogs and other animals with as much despatch as a regular physician." We trust we are duly thankful for such a magnanimous admission on the part of our worthy contemporary. The editor continues: "It is a little hard on those in jail, to have in addition to the incarceration, the compulsion of being treated according to the principles of Hahnemann or not at all." As one of the correspondents intimates, "there are few homœopathists, and certainly there are none in Baltimore and probably none in New York, and few who would dare to practise medicine according to the fixed rules which their self-imposed name demands." (Herein the editor shows his ignorance of history. Instead of being "self-imposed" the word "homœopath" was applied to Hahnemann and the early believers in the law of similars by his bitter opponents.) "The Mayor made these appointments with all good faith and with a desire to be fair to all parties, and he must not be blamed if he cannot understand what are called the different schools of medicine. A man cannot be expected to know everything." (How considerate to thus excuse the Mayor's gross ignorance, and how unfortunate the editor had not the opportunity to instruct the Mayor.) "It might be of interest to compare

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY.**

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.



BOOKS RECEIVED.

The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure. By Dr. Samuel Hahnemann. Translated by Professor Louis Tafel, with annotations by Richard Hughes, M.D. Edited by Pemberton Dudley, M.D. Philadelphia: Boericke & Tafel. 1890.—*Hahnemann's Defence of the Organon of Rational Medicine.* Translated by R. E. Dudgeon, M.D. Philadelphia: Boericke & Tafel. 1896.—*A Manual of Nervous Diseases and their Homœopathic Treatment.* By George F. Martin, M.D., San Francisco. Medical Century Company. New York and Chicago. 1896.—*Cold Catching, Cold Preventing, Cold Curing, with a Section on Influenza.* Fourth edition. By J. H. Clarke, M.D. London: James Epps & Co. 1896.—*The Ludgate.* May. London.—*The Homœopathic World.* May. London.—*The Chemist and Druggist.* May. London.—*The Calcutta Journal of Medicine.* March.—*The North American Journal of Homœopathy.* May. New York.—*The Medical Times.* May. New York.—*The Chironian.* April. New York.—*The Medical Century.* April and May. New York and Chicago.—*The Medical Mission Herald.* March. Chicago.—*The New England Medical Gazette.* April. Boston.—*The Hahnemannian Monthly.* May. Philadelphia.—*The Homœopathic Recorder.* April. Philadelphia.—*The Southern Journal of Homœopathy.* April. Baltimore.—*Pacific Coast Journal of Homœopathy.* April. San Francisco.—*The Homœopathic Envoy.* May. Lancaster, Pa.—*The Medical Argus.* April. Minneapolis.—*The Minneapolis Homœopathic Magazine.* April.—*The Clinique.* April. Chicago.—*Populäre Zeitschrift für Homœopathie.* May. Leipzig.—*Allgemeine Homœopathische Zeitung.* Jan., Feb., March, April, May. Leipzig.—*Archiv für Homœopathie.* April. Dresden.—*Revue Homœopathique Française.* April. Paris.—*Revue Homœopathique Belge.* April. Brussels.—*Rivista Omiopatica.* Jan., April. Rome.—*La Homeopatia.* April. Bogota (Colombia).—*Homœopathisch Maandblad.* May. The Hague.—*Rivista Homeopatica.* February. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

ALTHOUGH we have in a former article drawn the attention of our readers to the chief event of the present year, so far as homœopathy is concerned, yet we deem the importance of the occasion sufficient justification for again recurring to it.

It is fifteen years since the International Homœopathic Congress was held in London, namely, in the year 1881. That meeting was judged by all to have been a great success, and we are anxious that the Congress of this year should be an equal, if not a greater success. Every reason connected with the meeting this year justifies us in expecting that it will be so. This is the centenary year of the publication of HAHNEMANN'S celebrated Thesis which laid the foundation-stone of that great system of therapeutics which has revolutionised medicine, which, in a sense, has revolutionised the world—a system of therapeutics which has, in spite of obstacles and opposition, more than sufficient to kill any system not based on irrefragable truth, lived and spread till the whole world is impregnated with it. It counts its professional adherents by hundreds in the United

Kingdom, while in America they are counted by thousands, and in that enlightened and advanced country, its colleges and hospitals are reckoned by the score. Homœopathy has so leavened, and is steadily leavening the old school practice, that to-day the practice of allopathy is as light to darkness when compared with what it was in HAHNEMANN's day. This centenary is therefore a really great event, and one that we should all do our utmost to enshrine in glory, and in honouring HAHNEMANN, one of the greatest geniuses that ever lived, do honour to ourselves in recognising his greatness, and publicly bearing tribute to it.

Next, the fact of the International Congress occurring only once in five years is another reason for a strong and united effort being made to aid in procuring its success. If our annual British Congress is kept up with such regularity and interest, it is all the more reason we should resolve that the quinquennial international one should be an event of which we may be proud. Then again, the fact of its being held in London after 15 years is a fact which must be kept in the fore-front. It is hardly necessary to dilate on the unique position which London holds, the largest and most influential city in the world, the centre or pivot of the vast British empire, and the city of all others calculated to excite the wonder and admiration of foreign nations. Therefore, for the honour of the United Kingdom, the Congress *must* be made a success. All eyes will be turned to the meeting in August as representing the strength and vigour of homœopathy, not only in this country, but in the far corners of the earth, and it will be a simple disgrace if, under the circumstances we have named, there should not be a very large representation of practitioners from all parts of Great Britain. The special object of this article is to impress on our colleagues in this country the necessity for every one to do his utmost to be present, even at some personal inconvenience. Our American colleagues, at their international meetings, and at their annual gatherings of the American Institute of Homœopathy, turn out in very large numbers and come to the place of meeting from enormous distances, distances beside which our longest railway journey is as nothing, and they set us an example in this respect, as in many

others, which it is our duty and our privilege to follow this year. Our colleagues from the States are, we hear, coming in large numbers, travelling thousands of miles to be present. We hear of one party, under the arrangement of Dr. FRANK KRAFT, which will number forty, and this over and above the many who are coming singly, or in small parties. We hear also of numbers of our colleagues from the European Continent who are also doing us the honour of travelling hither to our meeting. They will, one and all, have the heartiest welcome, and the more men we have the privilege of welcoming from abroad, the more delighted we shall be. But if our home colleagues were not to appear in a full representation, the presence of our foreign visitors would only put us to shame. We cannot, therefore, urge too strongly on our colleagues in this country, not the desirability only, but the absolute necessity, for the honour of the cause we have at heart, of being with us in large numbers. No one should fail to present himself, who is not absolutely precluded by urgent reasons. Although the meetings last from Monday evening, the day of the PRESIDENT'S reception, till Saturday, and it may not be in the power of all to stay from practice so long, yet every one should make it a point to come for one day at the least. And we venture to say that those who come for one day in intention, will prolong their stay. Independently of the Congress proceedings, the attractions of London are so great and varied, that a visit to the "little village" forms a restful change to the country practitioner. But we think the proceedings of the Congress will be a sufficient attraction of themselves, not only as a "feast of reason," but also, as ARTEMUS WARD calls it, a "flo of sole." And the latter, even without the former, ought to be a strong inducement to every one to enjoy it. It is not every day, or every year, that we meet with, talk with, sympathise with so many men from the Continent and from America—men whom we know by name and whom we honour, but whom many of us have never seen in the flesh. Personal meetings of this kind are lasting in their memories. We feel new ties and make new friends, which render such days red-letter days to look back on with pleasure. In welcoming our brethren from the United States, we feel we are not receiving foreigners, or not even cousins,

but brethren in the true sense of the word, and we trust they will depart from us with the same reciprocal feelings of brotherhood. We feel sure they will, judging from the past delightful visits which they have made to us on other occasions. But we must look to it that we form so large a representation that they may not have reason to think that in this country we put ourselves to little trouble to personally greet them.

The full programme will be found on another page, to which we refer our readers. But we must shortly notice the details of the arrangements. On Monday the officers of the Congress will receive the names of all members, and give to each a programme of the proceedings. On the evening of that day the President, Dr. POPE, and Mrs. POPE will, at the Queen's Hall, give a reception to all members, and to many others who will be specially invited. This festive commencement of the proceedings will bring us all personally together, and give not only the PRESIDENT and his LADY the opportunity of offering a British welcome, but each one of our home colleagues will have the pleasure of doing his own share in this gratifying ceremony.

On Tuesday, the 4th, the business proper begins, and will be continued each morning and afternoon till Friday afternoon, inclusive. The general meetings will be held in the afternoon from 2.30 till 5.30 in the Queen's Hall. The plan which has been decided on, as being from all points of view the best, is that the essays for discussion shall be printed and circulated among members who desire to join in the debates, a brief analysis of each being given from the chair. Discussion will then proceed; the openers of the discussion, who have been selected, will be allowed a maximum of fifteen minutes for their speeches, and other speakers ten minutes. This plan has been adopted to ensure economy of time and in order to give more scope to the free interchange of views verbally, which is the chief advantage to be gained by the personal gathering of men from different parts of the globe. Had the greater part of the time been occupied by the reading of an essay, however eloquent, on any subject, it was felt that the attraction would not be greater, probably less, and the subsequent opportunity for discussion would have been reduced to a minimum. The meetings in the morning will be held from 10 to

1 o'clock in the Board Room of the Hospital, which has been kindly granted for the purpose. These meetings will be devoted to the further discussions of such subjects as may not have been fully disposed of at the previous afternoon meeting, or utilised for any special object which may be arranged by the members. The comparatively short time which can be devoted to the discussion of any subject in the afternoon will thus be made up by the resumed discussion of the following morning, and members will feel that no one important subject has been "closed" owing to the demands of the next essay. We need not go here into detail in the programme, as it is printed in full on another page, but we think that it is an excellent one, embracing very many important general questions, while it deals fully with practical points of much interest.

It is confidently expected that there will be no lack of the element of social pleasure. Besides the PRESIDENT'S reception, we hear that the Hospital authorities contemplate an evening reception; that the British Homœopathic Society proposes to entertain their colleagues from abroad at dinner, while on the other evenings private social gatherings are in the air. We therefore expect that our visitors will not find the time which is not required for business hang heavily on their hands, and that they will not have much opportunity for criticising the *cuisine* of their various hotels!

ON PERITONITIS: OUR PROGRESS IN KNOWLEDGE OF ITS CLINICAL, PATHOLOGICAL, AND THERAPEUTIC ASPECTS.

By GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

LECTURE II.

IN my previous lecture I set forth clearly that peritonitis, as an uncomplicated affection of the serous membrane, was a thing unknown: that it was invariably secondary to some other lesion, usually visceral: and I quoted the high authority of Professor Gairdner as insisting upon the necessity, in every case, of the cause

of the peritonitis being diligently sought. I repeat and emphasise that for effective treatment this course is absolutely necessary. What manner of treatment is that which essays to manage a puerperal peritonitis with no reference to the part the uterus plays in this condition? or a peritonitis secondary to a strangulated ovarian cyst, or a ruptured tube, or a perforated intestine, merely treating the peritoneal outburst with no account of its *primum mobile*? The dominating factor in the effective treatment of this always serious lesion is *tolle causam*.

SYMPTOMS.

Pathology, then, differentiates two main types of peritoneal lesion: the one, where the local changes are inconspicuous, connoting symptoms which are those of general poisoning: the other, where the peritoneal changes are marked, connoting extensive local reaction and constitutional symptoms of acute inflammation. Nature provides us most frequently with examples of a mixed type: and for accuracy in diagnosis we must know the exact worth of each symptom and sign, alike singly and in association.

Let us remember that mere inflammation seldom kills in peritonitis: it is nearly always sepsis that is the lethal agent. These clinical courses are to a large extent mutually exclusive: where inflammation is well marked we seldom have sepsis; and conversely, where septic symptoms predominate, there may even be no inflammation whatever. These general considerations are modified by the specific organ involved; but in the main they are true for every case.

TYMPANITIS: ITS VARYING SIGNIFICANCE.

No single symptom of peritonitis is so feared as the much dreaded abdominal distension. Yet the import of meteorism is entirely determined by its associated symptoms. It may be moderate and the patient in the gravest danger: or pronounced, and yet of no sinister significance. The import of meteorism is as its cause: it is always a concomitant of peritonitis: but its value is not a constant, but a variable. What is the physiological necessity for meteorism in peritonitis? Meteorism is an abnormal condition of the gut: how

comes it to appear when some non-intestinal part of the peritoneum is the *fons et origo mali*?

Take a case where the intestinal peritoneum is absolutely uninvolved—a case say of strangulated ovarian cyst. Some time ago I saw with Dr. Neild, of Tunbridge Wells, a case of peritonitis existent for some days. There was complete intestinal paralysis, with considerable distension of the gut. This latter was so marked that it effectually barred an exact physical diagnosis. On exploratory operation a large strangulated ovarian cyst was found and removed—not involving the intestine in any way: yet meteorism, vomiting, and intestinal obstruction were engendered entirely as reflex symptoms.

Take another case of involvement of a non-intestinal segment of peritoneum. A patient, sent me by a colleague, suddenly developed obvious symptoms of peritonitis: local pain, intestinal distension, pyrexia, and so forth. On operation, the Fallopian tube was found to contain pus, a small quantity of which had evidently leaked into the peritoneal cavity: again the intestine itself was quite uninvolved.

Once more: I saw with one of our colleagues in the West End a case of puerperal peritonitis where the abdomen was hugely distended, with constant diarrhoea: yet the affection here was primarily that of a viscus other than the intestine. Meteorism thus plays a part in all cases of peritonitis, however localised or engendered. Let us state this more broadly: *Any lesion of the peritoneal investment of any abdominal viscus may bring about paralysis of the bowel, as a reflex condition. Much more, therefore, will affection of the peritoneal aspect of the intestine itself present this physical sign in a marked degree.*

TYMPANITIS: ITS REFLEX INDUCTION.

Still our initial query remains unsolved: What is the physiological necessity for meteorism in cases of peritonitis, alike of intestinal and non-intestinal origin?

Gradually there dawns upon us the conception of the peritoneum as representing a great co-ordinating agency, where all the peritoneally invested organs are knit and welded together by virtue of the luxuriant nerve plexuses of the abdomen. All the abdominal viscera, as well as

the serous lined parietes thus virtually anastomose; and the peritoneal cavity presents itself to us as an *imperium in imperio*; the functions of whose units are homologated because of the part they conjointly play in the peritoneal whole. And now, with this illuminating conception, the phenomena of the peritoneum in disease are wondrously unified, and a whole series of hitherto discrete facts is made coherent and sequent. The direct association of the muscular tissues with their subjacent viscera is seen in the tetanus, the rigidity, in which the parietal muscles will, so to speak, mount guard over any diseased peritoneal surface below. The board-like abdominal walls of early peritonitis indicate the reflex association of tissues with viscera, effected by their common factor the peritoneum.

It is a matter of every day experience how indefinite is the localisation of pain in the peritoneum. Acute sensations, originally in the viscera, are felt as diffused over the whole abdomen, or referred to a distant area (often the umbilicus) remote from their origin, or even indicated as on the opposite side from the actual production; and this although the peritoneum is proved to be an exquisitely sensitive structure. This free radiation of sensations is explicable on the view of the co-ordination of peritoneally invested organs. A still more striking instance of this distribution of irritation is the vomiting, the meteorism, the altered liver secretion, the lessened renal flow, which the incarceration of a piece of omentum will engender; or again, the absolute intestinal obstruction caused by a strangulated ovarian cyst; or finally, and most conclusive of all, the control of single therapeutic agents over all the phenomena of peritonitis, direct and reflex, however and from what quarter they may be induced.

In a case of peritonitis of non-intestinal origin then, the single symptom of meteorism on the part of the intestine falls into line with the emesis on the part of the stomach, the bilious outpouring on the part of the liver, the protective rigidity on the part of the muscles, and the usual minimisation of urine on the part of the kidneys. The richer distribution of nerve ganglia in the intestinal muscle cause the brunt of the attack to be felt all along the alimentary tube; but all the other abdominal viscera respond, each in its own way, to the freely

radiated nerve storm which the copious sympathetic anastomosis of the abdomen distributes over its whole area.

PSEUDO-ILEUS.

Abdominal surgery has of late years enormously amplified our knowledge of the natural history of the peritoneum, in health and in disease. Abdominal surgeons, therefore, are peculiarly well placed as observers of the abnormal phenomena of peritoneally invested organs, when the lesion mainly involves the peritoneal side. They have accordingly differentiated a well-defined condition peculiar to abdominal operation, and have styled this "pseudo-ileus."

The leading characteristics of this clinical process are such as in their inception strongly simulate peritonitis.

For the first couple of days it is in fact the shadow without the substance; but let these initial symptoms pass unchecked, and insidiously but surely the venue changes to that of veritable peritonitis—the substance now, without the shadow.

PSEUDO-ILEUS AS RELATED TO SEPTIC PERITONITIS.

Pseudo-ileus, or simple paralysis of the intestine, is dangerous, in that it passes with surprising ease into actual septic peritonitis; and the sequence is obvious when we remember, as I stated last week, how any injury or abnormal condition of the gut renders the passage of the bacillus coli commune through the gut wall an exceedingly easy matter; and paralysis of the muscular coat, with its consequent balloon-like distension of any gut segment, offers very favourable conditions for such transmigration of micro-organism. Here is a classical description of this sequence. "On the second or third day after a not necessarily severe abdominal operation the abdomen becomes distended, the patient becomes uncomfortable, and complains of 'wind.' The distension increases; vomiting sets in. At first only the contents of the stomach are rejected; very soon the matter becomes bilious, and finally there is copious 'coffee grounds' vomiting, and this may present a feculent odour. The vomiting tends to become worse and worse. . . . The pulse becomes smaller and feebler, the temperature usually sinks, and exhaustion increases

with alarming rapidity. On the fourth or fifth day after the operation the patient may die."

In my earlier days, as house surgeon to a hospital for women, many cases of abdominal operation came under my care, and this differentiation between the earlier simulating and the later actual state of peritonitis had not yet been evolved. I watched many cases whose post-operative stadium was marked by the definite symptoms of vomiting, marked abdominal distension, and considerable pain, who nevertheless recovered, with no more formidable condition than these symptoms involved. I also watched many cases whose initial symptoms were exactly the same, but where also the vomiting became incessant, the distension more considerable, the sleeplessness more marked, and the general sympathetic paresis more profound, until in four or five days after operation death closed the scene. As the fatal and the convalescent cases alike began in the same way, and pursued for some couple of days the same course, it became a matter of prime moment to determine as early as possible the first clear indication of actual as different from simulated peritonitis. To this end I made a very great number of observations, including systematic volumetric analysis of the urine, comparative observations of temperatures, of degrees of abdominal distension, of the nature and occurrence of vomiting, and other cognate conditions; and I found that—(1) the state of the pulse alone, and (2) the degree of parallelism between the pulse and temperature curves give the sign and seal of the actual abdominal condition. And my observations hold good of all cases of peritonitis, however engendered, and not of operative cases merely.

THE PHYSIOLOGICAL KINSHIP OF PSEUDO-ILEUS.

After every aseptic abdominal operation some degree of meteorism will be engendered, and in proportion to its degree it is associated with vomiting, more or less. Its primary cause is, I feel sure, the total dislocation wrought by peritoneal operation upon the liver processes. Simple section of the peritoneal sac in a quite aseptic exploratory operation is quite sufficient to engender pseudo-ileus. I regard this as a chemical irritation, as due to the deposition of urates, or their physiological equivalent, in the intestinal walls. I found this view on

a prolonged study of the convalescence of cases after abdominal section, in the course of which I observed these facts. In marked cases, pseudo-ileus will show itself on the second day, and be well developed on the third. Where it is inconspicuous, I usually observe a heavy deposit of urates in the urine about the third day, and I always regard this as an excellent sign. This deposit, however, will not occur if marked meteorism be present; the two are mutually exclusive. Again, the action of drugs, which I will not here detail, brings this out into clearer relief.

Let us now pass to certain all-important considerations affecting temperature and pulse.

Clinically, the pulse is the measure of the septic element: and the temperature is the measure of the inflammatory element.

THE PULSE AS A DIAGNOSTIC FACTOR.

Paramount in constructing the prognosis of each and every case of peritonitis is the pulse. The temperature used to occupy this place of importance: but once and for all this is an exploded fiction. When, some years ago, as a hospital interne, I watched night and day the course of cases of peritonitis after operation, I carried out a series of investigations as to the earliest and most constant sign of peritonitis, incipient or pronounced: and this sign in every case I found to be the condition of the pulse. I have seen cases of peritonitis where meteorism has been inconspicuous: or where vomiting has been deficient: or where flatus or fæces have been passed: or where urates have appeared in the urine: or where the temperature has run a nearly normal course: but in each and all of these cases the rising pulse has been the constant monitor—the never failing danger signal of impending evil. The characteristic pulse of peritoneal sepsis is that of ceaseless hurry, of continuously diminishing force and of continually increasing frequency. It is not wiry in any sense of the word; it is soft, small and most easily compressed, and, in its advanced stage, it is irregular as if from cardiac panic.

Now while the pulse is the paramount factor in the determination of septic peritonitis, it is not to be recklessly torn from its associated symptoms and inter-

preted to the exclusion of all others. The cardinal symptoms of septic peritonitis are fever, vomiting, abdominal distension, complete intestinal paralysis and a rising and weakening pulse. I show you a chart of one of my cases where the pulse factor, construed alone, would have led us into an erroneous diagnosis. The patient had a pulse of the septic peritonitic type, but with no other peritoneal symptoms, and the rapidity with which the abnormal pulse yielded to strophanthus proved further the absence of the more serious lesion. In a typical case of septic peritonitis there occurs meteorism, progressive and considerable, sometimes even huge—vomiting, more and more frequent, until at last it becomes an almost persistent stream; a complete cessation of peri-stalsis, a veritable paralysis of the gut, so that no vestiges of flatus or fæces escape per rectum; a diminishing secretion of urine; a pulse of increasing and ceaseless hurry, and a facial expression which is *sui generis*. The temperature may show any vagary, being usually only slightly elevated.

THE TEMPERATURE AS A DIAGNOSTIC FACTOR.

Let us now betake ourselves to the consideration of the inflammatory form of peritonitis. The types of this abound; we have them in the familiar pelvic peritonitis of women, in tubercular peritonitis, in the peritonitis evolved by inflammatory lesions of the gall-bladder, by cancerous growths, in the early stages of peri-typhlitis; and, in fact, everywhere where the products of inflammation can be encapsuled by a network of adhesions, and the absorbing peritoneal membrane sheathed by a coat of inflammatory exudation.

Certain elements in this form of peritonitis stand out clearly; thus this form is mostly local, originating from a definite focus: it is hedged in by circumscribing inflammatory exudation, and remains devoid of septic characters so long as the exudation wall suffers no breach.

A constant quantity in a pure type of inflammatory peritonitis is the parallelism between temperature and pulse; both courses are isomorphic and fluctuate simultaneously. In the septic form of peritonitis you will remember exactly the converse obtains.

The marked difference between this and the previous

form of peritonitis is one of proportion. When the irritation involving any given peritoneal area is gradual in application or moderate in intensity, then the inflammatory reaction is sufficient to shut off by agglutination the uninvolved remainder of the peritoneum, and thus to hedge in and to destroy the further operation of the case.

Should, however, the irritant cause be more sudden in its application or more virulent in its character, the battle between the inflammatory reaction evoked and the bacterial irruption is fiercer and more protracted. The inflammatory process, to be potent, must be considerable, and its conservative tendency is fairly pitted against the destructive forces of sepsis. The issue of the conflict will be as the ultimate predominance of one or the other process.

Finally, in cases such as perforation, or abscess rupture, where the peritoneum is suddenly fouled with quantities of toxic material, inflammatory reaction is literally paralysed and suppressed; little or no effort is forthcoming to combat the septic flood, and the patient rapidly succumbs to the shock of pure septic intoxication.

TREATMENT.

Alike for purposes of diagnosis, prognosis and treatment the canon holds good, that each case of peritonitis must be regarded as *mainly inflammatory* or *mainly septic*. If this distinction is of some importance in diagnosis and prognosis, it is a *vital necessity* in constructing the plan of treatment; it is a distinction as essential as the distinction between diphtheria and tonsillitis, or between typhoidal and catarrhal diarrhoea.

I have spoken of the inflammatory element in peritonitis as a conservative process; as a natural method for the self limitation of the outbreak, by hedging the affected area round with exudation; and, shutting off the other moiety of the serous sac by glueing adjacent viscera together into an adventitious wall. Like other natural processes, however, it may overshoot its mark; may exceed its proportion relative to the other factors, and by intensity or protraction become itself a source of danger.

Nevertheless, in a right view of treatment, it is essential to consider some local traumatism, followed by

bacterial infection in that part of the peritoneum, as the primary element, and the phenomena of inflammation as directly antagonistic and limiting to the heyday of the bacterial irruption. Let it be remembered that the intensity of an inflammatory outbreak is an indication of a fight against time. When the peritoneal irritation is mild and protracted, adhesions gradually form, plastic exudation is slowly poured out, and the mission of inflammation is fulfilled with scarcely a severe ache or pain. But let the local traumatism be sudden, and the bacterial inrush free and unimpeded, the protective work of inflammation has to be done in a few hours, or at most, days. Thus the course of peritoneal inflammation so induced is marked by vigour, by excess, by turbulence. The central idea then of peritoneal inflammation suddenly induced, is that of intensity as a substitute for time.

THE PATHOLOGY OF PERITONITIS IS THAT OF SEPSIS
PLUS INFLAMMATION.

Peritonitis is all too frequently a mortal disease, but I cannot make too prominent the fact that inflammation *qua* inflammation of the serous membrane seldom kills; the lethal factor is sepsis. Were it not for the invariable accompaniment, in however slight a degree, of the septic element, peritonitis would carry no more gravity with it than pleurisy or cellulitis. Modern research tends increasingly to the generalisation that septic irritation is the ground-work of every attack of peritonitis, whatever form or variety the latter may show; and that the evoking cause is micro-organisms or their secretions. This generalisation amplifies the scope of our conception of peritonitis, and in doing so it is brought more and more into line with clinical fact.

The be all and end all of the inflammatory factor in peritonitis is to protect against toxæmia or blood-poisoning. The constant effort of the septic factor is to change the venue from the serous tissues to the blood; the constant effort of the inflammatory factor is to restrict the *locus morbi* to the serous sac, and protect the blood stream from contamination. In my previous lecture I pointed out the defects of the inflammatory process as a protective measure. I showed how it is most successful when the serous irritant is limited in quantity, or of a low grade of virulence, and how the reaction of

inflammation is inhibited or paralysed when the infected area is extensive or the virus highly toxic. In other words, the protection of inflammation is only accorded to the lower grades of serous sepsis. Against the more intense forms of septic process in the peritoneum we have no help from nature, and hitherto very little from art. Peritonitis is a double-faced unity, always consisting of the septic and the inflammatory factors, and these exist in inverse ratio to each other. Now these considerations enable us to formulate the first great canon in the treatment of peritonitis, and it is this: The therapeutic treatment is a double-faced unity also, and must always combine therapeutics against sepsis with therapeutics against inflammation. The more prominent the septic factor the more prominent must be the therapeutics of blood-poisoning; the more prominent the inflammatory factor, the more pronounced must be the therapeutics of the local inflammation. Again, I am impelled to emphasise that in every case of peritonitis the septic element is striving to gain the upper hand; and this tendency must always receive its due recognition in the plan of treatment. In peritonitis no one knows what a day may bring forth; prophylaxis as against sepsis is our chief mainstay, for as Lawson Tait puts it, "Septic peritonitis once completely established is a practically incurable disease, and almost uniformly fatal."

Effective treatment combines therapeutics against sepsis with therapeutics against inflammation.

SCHEDULES OF THERAPEUTIC AGENTS.

Our internal therapeutics distribute themselves into three schedules. The first contains remedies addressed to the elimination of the septic factor, and chiefly among these are *crotalus*, *lachesis*, *rhus*, and possibly certain anti-toxines.

The second schedule comprises remedies designed to control and limit the operations of the inflammatory factor, *e.g.*, *belladonna*, *mercurius corr.*, *bryonia*, *terebinth*, &c.

The third schedule embraces certain temporary physiological measures designed to neutralise the toxic effects of sepsis; for instance, *strophanthus*, digitaline as hypodermic injection, &c.

LOCAL MEASURES.—THE USE OF THE ICE BAG.

To control the pyrexia and pain, to conduct the process of exudation in an orderly manner and proper degree, to consolidate the results of the inflammatory outbreak there requires the invocation of therapeutics. Of local measures, after hot moist applications of belladonna, or veratrum viride, I know nothing so potent or so safe as the continuous application of the ice bag. I learned this some years ago in the Vienna clinics, and since then I have in my own practice turned it to useful account. I have even used it in typhoid, where local complications existed, with every success, and I can fairly place the measure in the very front rank of local remedial applications. It may be continuously applied, with the occasional remission of an hour or two, until the permanent reduction of the temperature and the subsidence of the pain indicate its function as ended. Should these recur in any measure, a renewal of its application may be practised again and again.

THERAPEUTICS OF INFLAMMATION.

Homœopathy furnishes us with a copious armamentarium wherewith to combat the violence of the inflammatory element in peritonitis and reduce it to its lowest expression. I hold belladonna or mercurius corr. to be our sheet anchors in general for the inflammatory symptoms in peritonitis. I have over and over again proved the value of these remedies by practical experience, and have every confidence in their prescription. For pelvic peritonitis in particular, belladonna is a prince of remedies.

THE PUERPERAL FORM OF PERITONITIS.

Puerperal peritonitis presents an excellent illustration of my second axiom of treatment; that the primary tissue or organ affected, to which the peritonitis is secondary, must in each case be identified, and measures taken to remove the cause. It is exceedingly undesirable in the treatment of peritonitis to rest content with the management of the peritonitic symptoms only; the cause frequently is still in full operation, and may maintain the peritonitis so long as the causal element exists. Puerperal peritonitis is an excellent illustration of this. After labour, free infection may be brought about by

streptococci issuing from the Fallopian tubes in a few drops of muco-purulent secretion. Here the peritonitis is usually circumscribed, and then the inflammatory factor is the dominant factor. Or the serous sac may be infected from decomposing matter in the uterus, pouring streams of streptococci into the lymph channels of the uterus, these into the broad ligaments, and these again into the peritoneum. Here acute diffuse peritonitis is engendered, but it is surprising how soon it subsides, providing the *fons et origo* can be removed.

To be successful this must be done early, for after the blood stream has been infected by streptococci in quantity neither poppy nor mandragora, nor all the drowsy syrups of the East can narcotise the floods of parasitic micro-organisms which speedily slay their host.

THE THERAPEUTICS OF SEPSIS.

In proportion as the septic element is in the ascendant, is it necessary to give prime attention to the results of the septic intoxication of the system from the absorption of the septic products. These latter act by paralysis of the sympathetic system; and chiefly this action is incident on the cardiac ganglia. Septic peritonitis, whatever its origin, kills by heart failure, and your remedial measures must be necessarily directed against this predominant risk. The remedies most germane to the general condition are the serpent poisons, and chiefly crotalus; and the remedy best adapted to meet the crisis of heart failure is digitaline, by preference given hypodermically. My experience with strychnine in these cases has been most unsatisfactory; but I now show you the chart of a case whose course was most unpromising, but where the persistent exhibition of crotalus and digitaline, plus free alcoholic stimulation per rectum, converted an impending fatality into a brilliant convalescence. I have never seen a case so marked as this recover under any other form of treatment whatever; and provided the cause has been removed, I think this opens what promises to be a most successful course in the therapeutic treatment of septic peritonitis.

RECENT DEVELOPMENTS OF THE SURGERY OF PERITONITIS.

The surgical treatment of peritonitis has until latterly been restricted to the removal of a persisting cause, as

maintaining and preventing the retrocession of the peritonitic symptoms. Of such a nature is the removal of a damaged vermiform appendix, or the various mechanical agencies engendering intestinal obstruction; or agencies of a reflex character, such as strangulated ovarian cysts. Surgery has until lately availed us very little in the effective reduction of the lethal symptoms, after the cause has been removed. By some very brilliant work, one of the latest developments of abdominal surgery applies itself after removal of the cause, to the actual reduction of the dangerous symptoms, especially the distension and the vomiting. This is done, even in apparently hopeless cases by rapidly opening the abdomen, searching for the cause of the peritonitis, be it perforation, or strangulation, or other traumatism, seizing the most distended coil of intestine, opening it and draining off the flatus and fluid fæces through a tube, and then as quickly suturing the small intestinal opening thus produced. This process is repeated in two or three places; the abdominal septic fluids well washed away, and the abdomen closed. Rapid in execution and dexterous in manipulation is the abdominal surgeon who essays this work; and to him is given a success, not in every case, but in some cases, where the most rational therapeutics can do nothing, and death is an imminent issue. To all of my audience whose speciality lies in general practice, I would say that no case of acute peritonitis, apparently recalcitrant to therapeutics, should be allowed to go down to the grave without this measure being carefully considered, and, if possible, put into practice. It is useful at a time when all other remedies seem inutile; it prevents in no way the continuation of therapeutic accessory; nay more, it removes the chief physiological impediment to the effective action of therapeutic measures, and so is in itself a specific therapeutic restorative. This operation comes when the patient is in imminent risk of the grave; and when it is successful, the issue seems to the interested persons little short of miraculous.

APERIENTS IN PERITONITIS.

I wish finally to invite your attention to a modern practice of great utility in certain cases of peritonitis, and of the gravest risk in others. I mean the exhibition

of aperients. Of late years, and chiefly under the auspices of Mr. Lawson Tait, what has been called the treatment of peritonitis by aperients has been revived. I say, what has been called the aperient treatment of peritonitis, for Mr. Tait expressly states: "I have never said that the purgative treatment will cure peritonitis; for peritonitis, once it is established, is a practically incurable disease, and almost uniformly fatal."

The exact sphere of the use of aperients here is that of pseudo-ileus, to which I have already referred. The occurrence of pseudo-ileus favours the passage of bacteria and their products through the intestinal wall, and, unless promptly controlled, will engender actually that peritonitis which it so markedly simulates. Mechanical relief of the distension of the gut, therefore, by purgative or enema, is urgently called for, but only at the initial stage of the symptoms. "It only remains to point out," says Treves, "that when once general peritonitis has established itself, any aperient is without avail. In those septic cases in which diarrhœa occasionally sets in, this is only too apparent."

With these remarks, gentlemen, alike my lecture and the winter course of which it forms a part, terminate. I thank you in the name of my colleagues, Dr. Richard Hughes, of cosmopolitan fame, Mr. Dudley Wright, who has drawn upon his ample laryngological experience, and myself, for your continuous and appreciative attention. For although we have here as yet not the professional equipment of a medical school, it has been our effort, which you have loyally seconded, to give to these discourses an academic value.

A PLEA FOR THE SYSTEMATIC EMPLOYMENT OF THE BACTERIOLOGICAL TEST IN DIPHTHERIA, WITH ILLUSTRATIVE CASES.

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TYPICAL cases of diphtheria are sufficiently characteristic, that a mere tyro in the healing art may be expected to arrive at a correct diagnosis. It is the a-typical form of disease which calls forth the acumen of the physician,

and no problems are of greater import. Upon a correct diagnosis may depend either the spread or the arrest of an epidemic, and in the case of children the multifarious issues involved of interrupted studies, infected healthy homes, constitutions wrecked, or possibly even death left in its train, are consequences sufficiently obvious to afford abundant material for serious reflection.

The difficulties which beset the path are great. The patient may never feel sufficiently ill to require medical advice at all, and all through the infectious stages has been allowed freely to mix with other children. Such cases later on are brought to us with various paralytic sequelæ, causing indistinct speech, regurgitation of fluids through the nose on swallowing or possibly with a squint. The parents, notwithstanding their proverbially watchful eyes, have completely overlooked the earlier phases of the malady. In such cases the physician must be exonerated from all blame.

In another group of cases we are consulted for some slight throat complaint, so slight indeed that the visit of the patient is coupled with an apology for troubling us for such a trivial matter. We inspect the throat, and discover nothing very seriously wrong, and prescribe the similimum best suited to the case, and straightway on the next visit the throat is well. In some three or four weeks, however, the glory of such a speedy cure has to be discounted, when the patient returns with loss of knee jerks and various pareses. Who has not had such an experience? We plead guilty, and can recall a family of three children whose diphtheria was only diagnosed by the post paralytic symptoms, which in the case of one proved fatal from cardiac syncope.*

Yet another group of throat cases call for treatment where the constitutional symptoms are marked and the local signs are highly suggestive although equivocal; in this are included acute tonsillitis, follicular tonsillitis, scarlatina and diphtheria. Scarlatina can be eliminated in twenty-four hours, but to distinguish diphtheria from acute and follicular tonsillitis, the character and distribution of the membrane is what is chiefly relied on, and here it is that the bacteriological examination is of such

Vide London Homœopathic Hospital Reports, vol. ii., 1892, p. 78.

value. In acute illness early diagnosis is of the utmost importance, and by this means our suspicions can be confirmed much more rapidly than by the slower process of waiting till symptoms more plainly declare themselves.

The notes of the following cases, three being diphtheria, but of totally distinct types of this polymorphous disease, and one of follicular tonsillitis simulating diphtheria, will illustrate the value of this aid to diagnosis.

CASE I.—M. W., aged 6½, was perfectly well on Saturday morning, February 8th, 1896. At 7 p.m. she complained of sore throat, and the temperature was taken and found to be normal. She passed a very restless night, with frequent empty retching. I saw her on Feb. 9th and found temp. 104° F., both tonsils enlarged and covered with patches of exudation, and also some patches on the pharynx. The glands, at the angle of the jaw, were enlarged and tender. There was no rash on the chest. I gave bell. 3 and acon. 3x alternate hours.

Feb. 10th, very delirious last night, but better this morning, and T. 102.6°. Pulse 132. The cervical glands on the left side were much enlarged and tender. The tonsils were swollen and covered with exudation membrane like acute tonsillitis. There was no rash on the body anywhere. She was feeling better and taking nourishment well. At 10 p.m. temp. was 99.6°, with delirium at times and breath foetid. Tonsils covered with a suspiciously diphtheritic membrane; the glands on the left side were very much swollen and tender. Medicine changed to merc. bin. 3x gr. j. om. 2 hrs. To gargle with weak solution of permanganate of potash, and have hot fomentations and the steam kettle.

Diet:—Milk and Vichy water only.

February 11th passed a restless night, but is brighter and has taken more nourishment, and was less delirious; to-day is quite rational. Throat is now covered with membrane on both tonsils, which meet.

At 1 p.m. I injected 14 c. cm. of anti-toxin serum into the loin, but continued the merc. bin. 3x, and also sprayed the throat with peroxide of hydrogen.

Diet:—In addition to milk and Vichy water, she took Valentine's meat juice 3j. ter die., and brandy 3i. in 24 hrs. as the pulse was weak and 126. At 8 p.m. the throat was examined and a piece of membrane stripped

off (which caused free bleeding) and sent to be examined. There was to-day a thin offensive discharge from the nose, showing the membrane had extended into the posterior nares.

February 12th. Decidedly better this morning, slept at one time $1\frac{1}{2}$ hours—quiet sleep. Is brighter and had no delirium last night. The throat was less red, glands less swollen. Nose still discharging, but foetor less. 10 c. cm. of the serum was again injected, and merc. bin. 3x continued. At 5.30 p.m. swallows more easily; membrane not extending; urine shows opalescence from albumen on boiling.

February 13th. Passed better night, some good sleep. T. normal. Membrane looks to be detaching itself, and at 6 p.m. was clearing from the throat. Asked for and ate some bread and butter.

February 14th. Very much better in the evening. Coughed up a large piece of membrane.

February 15th. Improvement continues. Breathes through the nose. No membrane can be seen in the throat. A rash appeared about the elbows and buttocks just like that she had on December 27th last.

The progress was steady, and on February 19th china 1x. 5 drops ter die was substituted for the merc. bin. 3x.

February 24th. A slight nasal twang was noticed in her voice, this continued but never caused regurgitation of fluids through the nose. On March 6th had slight sudden pallor, and again on March 9th when the knee jerks were found absent.*

March 10th. Heart's beat irregular, and strychn. phosph. $\frac{1}{200}$ m. iij. ter die was substituted for the china.

March 16th. Eyesight noticed defective, and on March 20th there was marked strabismus from paralysis of sight external rectus with diplopia. Shortly after this she left for Exmoor, and on her return the squint had disappeared but the knee jerks were still absent. This I have before observed is a most persistent symptom.

She is now practically well. I should add that on February 13th the bacteriological report stated the case was one of genuine diphtheria and the diphtheria bacillus had been isolated.

* "The gravest sequels are paralytic conditions." Sir Dyce Duckworth. *British Medical Journal*, p. 834. 1896.

CASE II.—The second case which I am about to relate was the exact opposite of the preceding, although a case of diphtheria.

L. P., aged 4½ years, was brought by her mother to my out-patient clinic at the hospital on April 23rd, 1896. The temperature was 100·6° F. and the throat looked *suspicious*, although there was not sufficient membrane for removal, and I had to be satisfied with wiping the pharynx out with a piece of wool, and by this means secured a specimen for examination. It was a noteworthy feature that the throat bled readily, and the wool was covered with blood. The next day, April 24th, I received a communication from the Institute of Preventive Medicine saying the pseudo-bacillus diphtheriæ had been isolated,—a non-virulent form. The left tonsil had a patch of membrane on it to-day, there was a nasal discharge, and the lymphatic glands in the neck, axillæ and groins were enlarged. The urine contained no albumen. Merc. bin. 3x was given.

On the 25th the throat was clear of membrane and the nasal discharge was much less.

May 7th. Knee jerks tested and found to be present; no signs of paralysis.

On May 15th kali mur. 3 was substituted for merc. bin. 3x, and convalescence was uninterrupted.*

CASE III.—On May 2nd I saw W. P., aged 10, and learnt that five days ago she first complained of her throat, and was feverish and had a headache, but she got better on the third day and went to school again. Yesterday, however, she came over hot and cold, and her throat was again sore, and she was constantly wanting to drink. I found the pulse 146, and temp. 104·4°. Both tonsils were covered with patches of membrane, a portion of which I removed for examination, which caused bleeding. There was a furred tongue, sordes on lips, mouth breathing, glands at the angle of the jaw slightly enlarged and tender. I gave acon. 3x and bell. 3 alt. 2 hrs., and ordered a gargle of hot weak permanganate of potash and hot fomentations to the throat externally.

Diet :—Milk and soda or barley water.

* For the notes of this case I am indebted to Dr. Münster, Resident Medical Officer.

May 3rd. Was much better, and had slept from 11 till 4. P. 112. T. 100.2°. There was a large piece of membrane on the right tonsil and a smaller piece on the left. Merc. bin. 3x gr. j. every 2 hrs. was given instead of the acon. and bell., and bread and milk and egg flip added to the diet.

On May 4th I received the result of the bacteriological examination, stating the *B. diphtheriæ* had been isolated. The improvement was steady and continued. The temperature gradually fell to normal on May 9th, when all the membrane had disappeared.

CASE IV.—J. W., aged 17, sister to M. W. (Case I) on May 18th, 1896, had a patch of membrane the size of a split pea on the right tonsil, which was enlarged, and the lymphatic glands at the angle of the jaw on the same side were swollen and tender. The mother was naturally very anxious from her recent experiences with M. W. The temperature in the morning was 100° F, but at noon when I saw her 98.8° F. The trouble began the previous day with a feeling of sore throat and pain on swallowing. This continued, and I ordered merc. bin. 3x gr. j, every 2 hours; hot fomentations to the throat externally and a gargle of hot water coloured pink with permanganate of potash. I saw her again in the afternoon and removed a portion of the membrane for examination, but the surface from which it was removed did not bleed, and since the morning the left tonsil had enlarged and presented the well marked appearances of follicular tonsillitis, the mouths of the follicles being covered with numerous small islets of secretion. However, although the diagnosis was now almost certain, I sent the membrane for examination, and in due course learnt that the *B. diphtheriæ* was not found, thus confirming the diagnosis. She rapidly recovered and left for the country.

Remarks.

The above cases will illustrate the value of the bacteriological test, and it may be most certainly relied on to confirm the diagnosis.

Case I. is a type of the most virulent form of diphtheria; its sudden onset and high fever and vomiting made one at first suspect scarlatina, but the appearance

of the membrane soon placed its true nature beyond a doubt. This case is further of interest as being, I believe, the first to be recorded in this journal which has been treated with the anti-toxin serum, and the result was so successful that one is encouraged to adopt the serum treatment in combination with the use of homœopathic remedies in similar virulent cases.

Case II. is of exceptional interest, for the naked eye appearances were not at all characteristic. In this case, the *pseudo-bacillus diphtheriæ* was found—a variety of the true *B. diphtheriæ*, and one which under favourable circumstances would develop into it, and thereby cause a severe type of the disease.

This is light thrown on the path of medicine by the bacteriologist; it explains how an ordinary, vaguely described "sore-throat" (with pseudo-B.D.), will cause in another patient a severe form of diphtheria. We can see also why it is so difficult to trace the source of infection in diphtheria from this cause.

Case III. is an average mild case of diphtheria. No doubt the patient had been attending school with the infectious throat before her condition was regarded as serious enough for medical advice. The bacteriological test here was of decided value, confirming a diagnosis which was by no means evident.

In case IV. the diagnosis was pretty clear on the second visit, when the follicular character of the inflammation was well marked; still partly to check the work of the bacteriologists a specimen was sent and a negative result followed. This is a sufficient reply to those who say the *B. diphtheriæ* can be found in any throat even in health, and in all these cases it shows how very trustworthy is the laboratory work, for no information was ever forwarded with the specimens beyond stating the source of the membrane, and a request to examine it for diphtheria.

Finally, I would strongly urge all who are systematically working at the diagnosis and treatment of diphtheria to adopt this simple confirmatory test.

In the schedules for the collective investigation of disease—now very shortly to be issued—this test is also very justly emphasised.

A CASE OF CHRONIC LOBULAR MASTITIS FOLLOWING CHILD-BIRTH, SIMULATING CANCER, CURED BY PHYTOLACCA DECANDRA.

By E. D. SHIRTLIFF, L.R.C.P. (Lond.), M.R.C.S. (Eng.)

A YOUNG lady of 29, after an illness with symptoms of chronic inflammatory lung affection, gave birth to a child. As the child could not succeed in drawing any milk from the mother's breasts, a breast-pump was used, and the nurse sucked the teats and roughly squeezed the breasts. At last the thought of suckling was given up and the breasts left alone. In a week or two in the right breast some small lumps developed. In two months after delivery there was a well marked hard lump beneath the right nipple about $1\frac{1}{4}$ inches in diameter. It was movable. It was the seat of severe lancinating pains and there was well marked retraction of nipple. A chain of nodules in the breast, extending up to axilla, could be felt, wherein also were several enlarged glands.

The patient had been subject to axillary gland abscesses, but there was no tuberculous history. I thought it probably was not cancer, but still it was a very suspicious case, the retraction of nipple was very marked, but, as is evident, this may be caused by any chronic inflammatory process in the immediate neighbourhood of the nipple by contraction of the tissues, and is stated in "Erichsen's Surgery" to be present in cases of simple inflammatory conditions.

The age was against cancer, but cancer occurs in young people sometimes. I have seen more than one tongue cancer in young women a good bit below 30, and only the year before this present breast case I had a case of mammary cancer in a young woman under 30. This latter patient had a sore breast left after confinement, which had never healed. Being engaged to attend this patient in her next confinement, and being one day at her house, she showed me her breast, upon which, in the neighbourhood of the nipple, was a small ulcerated surface looking most suspiciously like cancer. I showed it to my then partner, Dr. James Jones, of Reading, who agreed with me as to its suspiciousness. She at once saw a well-known Lon-

don surgeon of large experience, who said it was certainly cancer, and advised operation as soon as possible after her next confinement, which was very close. As the patient worried a great deal about her bad breast we all agreed to this procedure. She had had some homœopathic treatment in the meantime without effect. The breast was therefore amputated; examined microscopically, pronounced to be cancer; and a favourable prognosis given as to recurrence. The patient after this improved greatly, and was very well for about 12 months. She then commenced to feel weak and generally indisposed, and gradually signs of recurrence in right lung appeared. As Dr. F. T. Roberts says he has seen, so in this case, the progress was very insidious, no pain, hardly any cough, no expectoration, nothing but increasing weakness and physical signs. There was very marked bulging of the side. She wasted greatly, and became weaker and weaker till death.

To return to my present case. The surgeon above referred to saw this case too. While not giving a very positive diagnosis, he *thought* it was not cancer.

Now as to treatment. First bry. was given in low dilution without any result, then sil. 6 ditto, and many other drugs which I forget. The surgeon advised quinine and iron, and locally iodide of potassium liniment. The patient, who was a homœopath from birth, could not take quinine and iron, as it made her ill, as she had tried before once when prescribed by an old school oculist. The iodide of potassium liniment was, however, tried for some time without benefit.

The patient was then put on phyto. ϕ , 1 pilule three times a day. Within about a week relief from her pain was experienced, in three weeks objectively lump seemed softer, and so phyto. ϕ was persevered with for three or four months. It was then much softer. After a few more months the whole condition had disappeared, including the enlarged glands in the axilla, and the breast was quite as soft as the other, and no lump or nodule of any kind was to be found. Another child was born twelve months after the first, not suckled, and the breasts went on all right. Now, two years from the first appearance of the lump, and nearly 12 months after its disappearance, patient keeps well and breast normal.

A very marked feature of the case was the power of

the phytolacca over the pain ; after the breast was once fairly on the way to recovery the phyto. was taken very irregularly, but whenever pain began to be experienced again a pilule would always remove it.

It is quite possible that by a layman this case might have been reported as a case of cancer. Of course there was no absolute proof of what it was, but I think on the whole it must be judged to be a mastitis.

I may say I gave the phyto. because it is of repute as a breast medicine, and has been found useful in mastitis and mammary neuralgia, but I do not know any special indications for it.

Holmwood, Malvern.

ORIGINAL THERAPEUTIC AND CLINICAL NOTES OF RECENT CASES.

By W. THEOPHILUS ORD, M.R.C.S., Eng., L.R.C.P., Lond.

Selected Cases from Dr. MACKECHNIE'S Notes at
the Bath Homœopathic Dispensary.

I.—*Rachitis—Calcareo Iod.*

ARTHUR L., æt. 3 years. The child has never attempted to walk, is unable to stand or even raise himself up. A well marked case of rickets, all the usual symptoms present. Is lively and cheerful and has a good appetite. Bowels confined. Ordered calc. iod. 3x, gr. iii t. d. s.

In a fortnight there was decided improvement, the child making attempts to get up. One month from commencing calc. iod. a tooth was cut. A fortnight later voluntary attempts to stand and walk were made. Silica was now tried for a fortnight, but though progress was continued, calc. iod. seemed to suit best and was returned to. Four months after commencing medicine the fontanelles were closed, and the child could stand. In another month he walked well, the symptoms were all greatly diminished, the child vigorous and strong. Treatment was somewhat hampered by ascarides, which were disposed of by teucrium. Convulsions were caused by them once, but yielded to belladonna. Altogether calc. iod. was given for five months.

II.—*Necrosis of Tibia—Silica.*

Alice H., æt. 18. A strumous girl, suffering from necrosis of right tibia. She has been in a hospital and had several exfoliations of bone removed. The wound is now healed, but threatens to break again. There is a raised eschar above the cuticle, but it is quite dry, though there is redness of surrounding skin and tenderness. Pains are very severe at night. Appetite fair. Bowels costive, motions being large, hard and dry. Bryonia 3x a dose each night and silica 6x t. d. s.

Next week she reported the bowels were relieved naturally. Pains in bone were better for the first time for many weeks. Rep. for two weeks. Patient then said the pains had gone, bowels were regular. The leg looked healthier, the scab and tenderness had gone. Silica to be repeated.

Next time the leg was apparently well, no pains or tenderness, and only the old scars visible.

III.—*Rheumatism in a Child—Pulsatilla and Cimicifuga.*

Arthur C., æt. 10 years. A severe attack of dysenteric diarrhoea was speedily cured by mercurius. Six months after he complained of wandering rheumatic pains in his head and joints. He perspires profusely at night. No cardiac murmur or cough. Bowels regular, temperature normal, tongue clean and moist, will eat butter but no fat. Ordered pulsatilla 3x. This relieved all symptoms in a fortnight.

Two weeks afterwards the pains returned, though in other respects he remained better. The pains were described as catching him suddenly in various parts and fixing him. They are chiefly in limbs, worst about ankles. No swelling or tenderness or redness. He moans in his sleep and fidgets. Ordered cimicifuga. This was continued for a month, and cured completely. There was no return.

IV.—*Rheumatism of Heart and Head—Spigelia.*

Mrs. S., æt. 57. Attended during one winter for cough and bronchorrhoea, which improved under ant. tart. and rumex. Four months after she had a severe attack of vertigo, with muscæ volitantes and loss of appetite, after eating sprats. This passed off under

pulsatilla 12. She remained well for two years, then returned with following symptoms:—

Pains in the head, nose and eyes, darting and aching. They are worst night and morning and in damp weather. There is vertigo on stooping, and heat of head. There are similar pains about the heart, its action is slow and irregular, but there is no murmur. Also sudden pains attack her at bottom of the back. There are no gastric or other symptoms. Ordered spigelia 3x. In a week the pains were much better. Rep. spigelia. This speedily cured and patient did not return.

V.—*Mastitis—Phytolacca.*

Louisa K., æt, 32, housewife. Her first infant is 8 weeks old. The milk ceased in a month. Since then the right mamma has developed an indurated lobe in the upper part, which is painful and tender. Both nipples are excoriated and surrounded by a papular eruption. Her bowels are costive. Ordered bryonia 1x.

Next week the right breast was less swollen, but the induration was greater, and the eruption on both mammæ had increased. Phytolacca 1x. The following week the swelling and induration were hardly perceptible, the eruption was much better, but both nipples were very irritable and itched intensely. Rep. phytolacca. There was further marked improvement the next visit, there being only some erythematous rash remaining around nipples, and a patch on the waist had appeared. For this sulphur 3x was given, and speedily removed the last trace of her trouble.

VI.—*Petit-Mal (?)—Ænanthe.*

Florence F., æt. 16. Has suffered for some time from severe attacks of hemicrania, which last for two hours, during which she is unable to speak. There is constant vertigo. Patient is a rather hysterical girl, which she acknowledges herself. Catamenia regular, and do not affect the headaches, which seem to be of a quasi-epileptic character. Bowels regular, urine normal. There is a gouty family history. Ordered belladonna. In a month's time she was much better in herself, and headaches perhaps less frequent. Hearing that her sister had fits, and was under treatment for them, ænanthe crocata was ordered in the 3x dilution. Next

week the head was very much better, and when last heard of there had been no return of the attacks.

VII.—*Enuresis—Belladonna.*

James J., æt. 10 years, a schoolboy. Constantly wets his clothes and bed, by day and night. Has done so for years, but much more frequently of late. The boy is healthy otherwise, bowels regular and appetite good. He has complained, however, of headache recently. There being no other symptoms, belladonna 3x was given. This cured him in a month.

Reported by C. E. WHEELER, M.D., B.Sc., Lond.
(Cases from Dr. Burford's clinic, Gynæcological Department, London Homœopathic Hospital).

I.—*Dysmenorrhœa and Headache—Actæa Racemosa.*

Mrs. A. M., æt. 37, married nine years, rather plethoric, no family. Menses regular, scanty, brown in colour; last three days. Pain begins one day previously and lasts two to three days. It is bearing-down, deep in pelvis. There is no pain except during menstruation. Patient also suffers from frontal and occipital headache, pain shoot at times into eyes. On examination uterus was found to be somewhat enlarged. For two months patient was given in turn aur. et kal. mur. 1, sulph. 3, puls. 3x and 3, sepia 3. Under these remedies the dysmenorrhœa improved, but the headache remained. It was then described as "splitting," when bryonia and graphites were prescribed without effect. Next as "dull and heavy with nausea," when natr. mur. was tried. Finally patient complained of "throbbing headache felt at back of eyes," this gave a clue to the correct remedy, actæa racemosa, of which gtt. ij. of the 1x were given t. d. s. Since then there has been no headache so long as the remedy was continued; if it is stopped there is a tendency to recurrence, which a few doses of actæa removes.

II.—*Headaches with Vomiting—Sanguinaria.*

M. W., æt. 38, needlewoman, single. For two years, about every three weeks she has had attacks of headache. They begin on waking in the morning, with nausea and belching of flatulence, then frontal headache occurs, sharp paroxysmal pains with intervals of dull aching,

not more on one side than the other. After about three hours there is vomiting or retching, when if patient can sleep she awakes relieved, otherwise both sickness and headache persist for five or six hours, then gradually decrease. These attacks occur every other day for a week, then a clear interval of three weeks intervenes. The headaches have apparently no relation to menstruation, which, however, has always been profuse, lasting ten days, with dragging pain before onset, and constant backache during interval. The headaches are much aggravated by hard work.

Sanguinaria canadensis 1x. gtt. j, t. d. s. was prescribed, which at once relieved, and patient had no return after her first visit to the hospital. It was two years since she had been free from attacks for longer than three weeks at a time.

REVIEWS.

The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure. By Dr. SAMUEL HAHNEMANN. Translated from the second enlarged German edition of 1885 by Professor LOUIS H. TAFEL. With annotations by RICHARD HUGHES, M.D. Edited by PEMBERTON DUDLEY, M.D. Philadelphia: Bœericke & Tafel. 1896.

THE desire to make many books does not lie behind the new English and American versions of the *Materia Medica Pura* and *Chronic Diseases* of Hahnemann. The only translations of these extensive and important works were those of Hempel, published in New York in the years 1845 and 1846. No small controversy took place between the supporters and detractors of Hempel's translations (among whom may be mentioned Dr. Cockburn on the one side and Dr. David Wilson on the other), evidences of which will be found in the *British Journal of Homœopathy* and in early volumes of this *Review*.

In the year 1877 Dr. Hughes (then one of the editors of the *British Journal of Homœopathy*) admits that Dr. Wilson's case against Hempel was abundantly made out, and himself concludes "that we do not really possess Hahnemann's *Materia Medica Pura* and *Chronic Diseases* in the English tongue." The numerous "curtailments, omissions and obvious mis-translations" of Hempel form the ground for this strong statement.

In the year 1880, with his usual readiness in furthering the cause of homœopathy, Dr. Dudgeon issued the first volume of his new and now renowned translation of the *Materia Medica Pura*. The second volume followed the next year. This is so well known that we need not comment upon it.

When writing on the subject of the revision of the *Materia Medica* in a paper contributed to the *North American Journal of Homœopathy* in February, 1888, Dr. Hughes urged that our colleagues in the United States should re-translate the *Chronic Diseases*, as Dr. Dudgeon had done the *Materia Medica Pura*. For several years this appeal was unheeded, and even when it was to some extent responded to, it was by a proposal to reprint Hempel's translation. Earnest representations were made by Dr. Hughes, and supported by ourselves (July, 1893, p. 481), as to the inadvisability of this procedure. Fortunately, wiser counsels prevailed, and in October, 1894, we made the announcement that the United States had at length undertaken the work of re-translation.

Dr. Hughes has kept his promise—a work of no slight labour—and fully “annotated” the new version. This consists in giving information as to Hahnemann's fellow-workers, and tracing all quotations from authors to their source, verifying or correcting as might be necessary. Explanations of the value of individual symptoms are also given in footnotes (*e.g.*, colocynth, 114), at once placing them in their true light.

It is not the duty of reviewers of this new version of Hahnemann's work on *Chronic Diseases* to discuss the opinions and statements of the author. The simpler one lies before us of stating how far, in our judgment, the present translator and editor have succeeded in placing before English speaking readers the original meaning of Hahnemann. Besides the faults pointed out earlier, Hempel's versions are in many instances not to be called translations, but rather free renderings or loose paraphrases. The present version, we are told in the preface, consists of a faithful translation, not only of Hahnemann's ideas but of his expressions. That this is the safer plan we convinced ourselves some years ago when commencing a translation of the essay *On the Nature of Chronic Diseases*, and on comparing our own with Hempel's version. In sentences so long and involved as Hahnemann's often are, it is better to give as literal a translation as is admissible, and to leave the reader to attach his own meaning when the sense appears ambiguous. In many instances Professor Tafel has rendered the essays much more readable by breaking up the author's sentences into two or three in English. This is both permissible and advantageous.

We do not pretend to have read the whole of the essays or pathogeneses, but we have selected a considerable number of passages in both, and have compared them with the original. We have no hesitation in saying that although we should here and there have rendered slightly differently, that this work, conducted by our American *confrères*, together with the help of Dr. Hughes, is a vast improvement on anything we have previously had in the English tongue. The alterations we would have preferred are chiefly those of style, and might have been avoided by having the proofs read over by an English colleague. The too free use of the definite article is conspicuous, *e.g.*, in the title itself "*The*" *Chronic Diseases*, and in such an expression as "diminution of *the* sexual desire." Also a too literal (or German) rendering is noticeable *e.g.*, "she, fainting, leaned against the wall." Again, some popular expressions such as "gum" for *schleim*, "purples" for *purpurfriesel*, and "half-vision" for *halbsichtigkeit* seem somewhat out of place in a purely professional work. In drawing attention to these unimportant points we do so rather to show that we have found blemishes only in non-essentials. We regret, nevertheless, that so good a translation has not been saved these types of faults so easily preventable.

With respect to the style and production of the volume, the binding (half morocco) is good, paper and type also. There is no undue crowding of the letterpress. Printers' errors are not very frequent, except in Dr. Hughes' part of the work—due to his not seeing a proof. The one feature we are sorry for in the work, is that it is in one volume. This causes it to be too heavy for comfortable use; 1,600 pages is certainly too much to crowd into one cover. Moreover, more uniformity with the already published *Materia Medica Pura* would have been secured by issuing the work in two volumes.

Hahnemann's Defence of the Organon of Rational Medicine, and of his previous Homœopathic Works, against the Attacks of Professor Hecker. An Explanatory Commentary on the Homœopathic System, translated by A. E. DUDGEON, M.D. Philadelphia: Boericke & Tafel. 1896.

THREE years ago Dr. Dudgeon enriched the literature of medicine by giving us a revised translation of Hahnemann's medical classic, *The Organon of Medicine*. It is therefore eminently fitting that he should have added to the many claims to our gratitude for the zeal and ability with which he has, during the last fifty years, placed within the reach of all English-speaking people the many medical works of Hahnemann, by giving a translation of the only reply to the various

attacks made upon the *Organon* which he deigned to notice. Even in this instance, his son's name appeared as the author ; he, as Dr. Dudgeon suggests, feeling too much contempt for his assailants to enter the lists against them in person. Dr. Hecker, of Dresden, was a conspicuous personage in the medical world of the day, and, through his *Epidemics of the Middle Ages*, subsequently achieved a great reputation. Professor Hecker had made a series of attacks upon Hahnemann during fifteen years without receiving any notice from him, but when, in 1811, he made his virulent attack upon the *Organon*, Hahnemann became exasperated, and fearing that his great work ran a risk of being overwhelmed, determined on issuing, in his son's name, the *Defence* which Dr. Dudgeon has here translated for us.

The essay is more than a simple defence of the views expressed in the *Organon*, it is a commentary upon them and explanatory of them. It is interesting, moreover, as showing us Hahnemann's power as a controversialist. The analyses he makes of his critic's strictures are very clear and minute ; the thoroughness with which he exposes his fallacies and shows up his ignorance of medical writers, with whom a man presumed to be so complete and accurate a scholar as Hecker was ought to have been familiar, is very striking. Hahnemann's mill was rarely brought into action, but whenever it was so, it ground his opponent to powder.

Dr. Dudgeon's latest effort is one of deep interest to all who have made a study of Hahnemann, of the *Organon*, and of homœopathy. It is almost essential to anyone reading the *Organon*, and being so, we trust that it will have a wide circulation.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

HONORARY President: Dr. DUDGEON. President: Dr. POPE. Vice-President: Dr. DYCE BROWN.* Treasurer: Dr. J. G. BLACKLEY. General Secretary: Dr. HUGHES, 36, Sillwood Road, Brighton. Local Secretaries: Dr. HAWKES, 22, Abercromby Square, Liverpool ; Mr. DUDLEY WRIGHT, 55, Queen Anne Street, London, W.

The Fifth Quinquennial Gathering of the International Congress will take place in London during the week August 8rd—8th, 1896,—the previous meetings having been held in

* Honorary Vice-Presidents will be elected at the Meeting from such of those present as the Congress may desire so to distinguish.

Philadelphia, U.S.A., in 1876 ; in London, England, in 1881 ; in Basle, Switzerland, in 1886 ; and in Atlantic City, U.S.A., in 1891.

This assembly will be open to all practitioners of medicine qualified to practise in their own country. Those who desire to become members of the Congress should enter on its register, with which one of the Secretaries will always attend, their names, addresses and qualifications. They will then receive a card of membership, which will admit them on all occasions, and they will be at liberty to introduce visitors at their discretion.

The general meetings will be held in the afternoons of the Tuesday, Wednesday, Thursday and Friday, at the Queen's Hall, Langham Place, between the hours of 2.30 and 5.30 p.m. Supplementary meetings for the further discussion of the topics of the preceding afternoons will be held at the London Homœopathic Hospital, Great Ormond Street (the Board Room of which has been kindly lent for the purpose), from 10 a.m. to 1 p.m. Any of the latter time not engaged for the subjects specified in the programme can be occupied by meetings for special purposes, as may be arranged among the members themselves. On the Saturday a business meeting will be held at the hospital, at 2 p.m.

No papers will be read at the public meetings. The accepted essays are being printed, and will be supplied to all who desire to take part in the debates on their subject matter. They will be presented at the meetings, singly or in groups, according to their contents—a brief analysis of each being given from the chair ;* and the points on which they treat will then be thrown open for discussion, after appointed openers have been heard. Such openers will be allowed fifteen minutes, and subsequent speakers ten minutes, for their remarks ; the authors of the essays discussed, if present, having the opportunity of saying the last word before the subject is dismissed.

It is intended that about an hour shall be allotted to each discussion, but the exact time will be left in the discretion of the chair, or of the meeting.

The discussions will ordinarily be conducted in English ; but any member desiring to speak in another language shall be at liberty to do so. He shall, however, either obtain an interpreter, or, on rising, hand to the Presiding Officer a *précis* in English of the remarks he purposes to make, which, at the conclusion of his speech, shall be communicated to the meeting.

* If any of the essayists would like to prepare their own abstracts, the President will be glad to make use of them. They should be brief, so as not to occupy more than five minutes in reading.

ORDER OF BUSINESS.

Tuesday, August 4th.—Afternoon.

Address of the President.

Presentation of reports from the different countries of the world as to the history of homœopathy during the last five years, and its present state therein.

Austria-Hungary, Dr. Kafka, Carlsbad; Belgium, Dr. Schepens, Antwerp; Denmark, Dr. Hansen, Copenhagen; France, Dr. Cartier, Paris; Germany, Dr. Kröner, Potsdam; Great Britain, Dr. Goldsbrough, London; Australia, Dr. Ray, Melbourne; Canada, Dr. Logan, Ottawa; India, Dr. Sircar, Calcutta; New Zealand, Dr. Lamb, Dunedin; Holland, Dr. Borne, Amstersdam; Italy, Dr. Bonino, Turin; Portugal, M. Vancueilloz, Oporto; Russia, Dr. Brasol, St. Petersburg; Switzerland, Dr. Batault, Geneva; United States, Dr. Kraft, Cleveland.

Discussion.—On the condition and prospects of homœopathy at the present time, and the best means of furthering its cause.*

Wednesday, August 5th.—Forenoon.

1. Essays for discussion: Homœopathic Literature, its state and needs. (Dr. Dyce Brown, London). Ibid. (Dr. Bradford, Philadelphia).

Subject for discussion.—How shall we improve and complete our Literature.

2. Essays for discussion: The *à priori* argument for the Law of Similars. (Dr. Robert Walter, Wernersville, Pennsylvania). Some Reasons for a Belief in Homœopathy (Dr. Walter Sands Mills, Stamford, Connecticut).

Subject for discussion.—The Reasonableness of Homœopathy.

Afternoon.

1. Essays for Discussion: Drug Selection by sequence of symptoms. (Dr. Ord, Bournemouth). "Can we prescribe homœopathically with more success by taking strict account of the pathological condition in our patient?" (Dr. J. M. Schley, New York).

Subject for discussion.—The Selection of the Remedy.

2. Essay for discussion: The Place of Animal Extracts in Homœopathy. (Dr. Clarke, London).

Subject for discussion.—Ibid.

3. Essay for discussion: The Pathogenesy and Therapeutics of Aurum. (Dr. Washington Epps, London).

Subject for discussion.—Ibid.

* The names of the appointed openers of each discussion will be announced from the chair, and posted in the hall of meeting, on the previous day.

Thursday, August 6th.—Forenoon.

1. Essay for discussion : Hahnemann's Doctrine of Chronic Diseases, (Dr. Goldsbrough, London).

Subject for discussion.—Ibid.

2. Essay for discussion : A Posological Law. (Dr. V. Léon Simon, Paris.)

Subject for discussion.—Have we, here or elsewhere, a law of dose ?

3. Essays for discussion : The Action of Mercury and Iodine in Syphilis. (Dr. Hansen, Copenhagen). Intermittent Fever. (Dr. P. C. Majumdar, Calcutta). The Action of Colchicum and other " Specifics " (Dr. Hughes, Brighton).

Subject for discussion.—The Specifics of Traditional Medicine.

Afternoon.

1. Essays for discussion : The Clinical Value of Tuberculin. (Dr. Cartier, Paris). The Value of Tuberculin in Purulent Pleurisy. (Dr. B. Arnulphy, Chicago).

Subject for discussion.—Tuberculin and its Congeners.

2. Essay for discussion : The Treatment of Strumous Ophthalmia. (Dr. Bushrod James, Philadelphia).

Subject for discussion.—Ibid.

3. Essays for discussion : Deafness, pathogenetically considered. (Dr. Hayward, Birkenhead). On certain forms of Deafness and their corresponding remedies. (Dr. Cooper, London).

Subject for Discussion.—The Possibilities of Internal Medication in Deafness.

Friday, August 7th.—Forenoon.

1. Essay for discussion : Aural Vertigo. (Mr. Dudley Wright, London).

Subject for discussion.—Ibid.

2. Essay for discussion : On the Homœopathic character and Action of Mineral Waters. (Dr. Kranz-Busch, Wiesbaden).

Subject for discussion.—Ibid.

3. Essay for discussion : On Cutaneous Horns and their Treatment. (Dr. Van den Berghe, Brussels).

Subject for discussion.—Ibid.

Afternoon.

1. Essay for discussion : Homœopathic Vulneraries. (Dr. Gilchrist, Iowa City).

Subject for discussion.—Ibid.

2. Essay for discussion : Carcinoma of Uterus. (Dr. James C. Wood, Cleveland).

Subject for discussion.—Ibid.

8. Amenorrhœa with Mental Disorder. (Dr. Burford, London).

Subject for discussion.—Ibid.

Saturday, August 8th.—Forenoon.

1. Essay for discussion : Purulent Collections in the Thorax. (Dr. J. D. Hayward, Liverpool).

Subject for discussion.—Ibid.

2. Essay for discussion : Appendicitis : Its Medical and Surgical Treatment. (Dr. Horace Packard, Boston, Massachusetts).

Subject for discussion.—Ibid.

3. Oxy-Chloroformic Anæsthesia, (Mr. T. G. H. Nicholson, Liverpool).

Subject for discussion.—Anæsthesia.

Afternoon.

Miscellaneous business.

PRESIDENT'S RECEPTION.

On Monday, August 3rd, at 8.30 p.m., the President and Mrs. Pope will hold a reception at the Queen's Hall. To this all attending the Congress are invited, with the ladies of their families ; and it is especially desired that visitors from abroad should take this opportunity of becoming known to the officers and their colleagues in general. The Secretaries will be present to enrol members and issue tickets. Evening Dress.

Further social entertainments are in contemplation, and will be duly announced.

INTERNATIONAL CONGRESS SUBSCRIPTION LIST.

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ston)	1	1	0	„ Croucher (St. Leo-			
„ Stonham... ..	1	1	0	nards)	1	1	0
„ McLachlan (Oxford)	1	1	0	„ Sandberg	1	1	0
„ Weddell (Sunder-				„ Pope (Grantham)...	1	1	0
land)	1	1	0	„ Pincott (Tunbridge			
Mr. Knox Shaw	1	1	0	Wells)	1	1	0
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„ Ker (Cheltenham)	1	1	0	head)	1	1	0
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„ Hawkes (Liverpool)	1	1	0	sor)	1	1	0
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„ Cronin	1	1	0	(Liverpool) ...	1	1	0
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„ A. O. Clifton (North- ampton)	1	1	0	„ Black (Torquay) ...	1	1	0
„ L. W. Hayward (Birkenhead) ...	1	1	0	„ Murray (Folkstone)	1	1	0
„ Powell	1	1	0	„ Blackley (South- port)	1	1	0
„ C. W. Hayward (Liverpool) ...	1	1	0	„ Bryce (Edinburgh)	1	1	0
„ Hayle (Rochdale)	1	1	0	„ Dyce Brown	1	1	0
„ T. G. Nicholson (Liverpool) ...	1	1	0	„ Redpath	1	1	0
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„ Galloway (Whitby)	1	1	0	„ Chalmers	1	1	0
„ Epps	1	1	0	„ Harper	1	1	0
„ Shackleton	1	1	0	„ Cox	1	1	0
„ Rowse	1	1	0	„ Cavenagh (Worce- ster)	1	1	0
				„ Croucher (East- bourne)	1	1	0
				„ Moir	1	1	0

THE CALCUTTA HOMŒOPATHIC MEDICAL SCHOOL.

WE have received the report of the above medical school for the year 1895-6, and we are greatly pleased to find that it continues to prosper under the able and indefatigable principalship of Dr. M. M. Bose. The students are coming in increasing numbers from long distances from Calcutta, and this would certainly not be the case were the teaching not up to the requirements of the day, and the reputation of the school not spreading. The number of *new admissions* in this year is at the large figure of 180. Among them men come from the Punjab, from Bombay, from Assam, and from Scinde. Practical clinical teaching forms an important part of the training. The course of popular scientific lectures in connection with the school seem to have become a great success, and cannot fail to bring, not only the school, but homœopathy more and more to the front. We take a great interest in the progress of this institution, and wish it all prosperity and a great future.

THE NURSING EXHIBITION.

ON the 1st ult., there opened at St. Martin's Town Hall, Charing Cross, London, an exhibition, under the title of *The Nursing Exhibition*, of the latest appliances in the art of nursing the sick and injured. Its scope indeed was somewhat wider, for

its exhibits ranged from nursery soap to operating tables! It originated, we understand, with, and has been carried out by Mrs. Bedford Fenwick, who, as Miss Manson, the matron of St. Bartholomew's Hospital, acquired considerable reputation as an authority upon the art of nursing, which has been greatly increased by her editorship of the *Nursing Record and Hospital World*. We have little doubt that those of our readers who visited the exhibition in no wise regret having done so. In addition to the interest with which the exhibits must inspire every medical man we, as homœopaths, had a special source of gratification in the place taken by the London Homœopathic Hospital. As our "heresy" has, according to infallible "scientific" journals, been for many years defunct, we were not a little pleased to observe unequivocal signs of its resurrection. For not only have many of the exhibits (and these by no means the least interesting) been supplied by our hospital, but we find them side by side with those supplied by hospitals the officials of which regard themselves as "orthodox."

However, there is no controversy between ourselves and the dominant school on matters outside the domain of drug therapeutics, and therefore there is comparatively little in the various exhibits with which we have to deal that belongs to one school more than another. The Exhibition is a truly educational one. The first point that strikes a visitor, at any rate one who can compare the nursing of to-day with that which prevailed 30 or 40 years ago, is the vast revolution which has taken place in the nurses themselves, the means at their disposal for tending their charges, and the ability they show in utilising these means. For the benefit of juniors whose memories of the past do not permit of their going so far back, there are models of "Sairy Gamp" and her "pardner," of the nurse of the present day, and of that ambitious young person, the nurse of the future, described by one of the daily papers as "a horror in college cap and a very much divided skirt," while the trend of her ambition is seen in a binaural stethoscope and other requisites of the physician and surgeon depending from her waistband. Another model, as showing the advances that are still being made, is an eminently practical and useful one—that of a district nurse going her rounds on a bicycle. The chief object of this exhibit is to show a model dress for a nurse so travelling, which has been designed by Messrs. Debenham and Freebody. The criticism of the *Nursing Record* upon this is that "the bonnet for summer wear would need a somewhat wider brim to protect the eyes from the sun; otherwise the dress is eminently useful and becoming."

While the exhibits of all the various hospitals are very interesting and well set forth, we were especially gratified to find that those of the London Homœopathic Hospital were of such a superior order, and to observe that this superiority was so generously recognised, both by those in charge of the exhibition as well as by its critics in the daily press. Writing in the *Nursing Record* the editor says :—

“The exquisite beauty, neatness, and ingenuity of all the exhibits sent from the Homœopathic Hospital is a liberal education in what ward requisites and invalid comforts should be. The model cots, illustrative of the nursing of disease and accident, are in themselves well worth a visit to St. Martin’s Town Hall. It is quite impossible to give a description that will at all convey the delicacy and beauty of the models, and the excellence of the needlework wherewith they are clad.”

Among the exhibits from the London Homœopathic Hospital are the following, descriptions of which we quote from the account given of the Exhibition in the *Nursing Record*.

“At the Nursing Exhibition may be seen a ‘Tracheotomy table,’ designed by Sister Marion, of Barton Ward, Homœopathic Hospital. This was a gift to her from a grateful father as a thank-offering for the recovery of two of his children after tracheotomy, thanks to the skilled nursing and care they received. The fittings for this excellent table were given by one of the doctors connected with the Hospital.”

* * * * *

“A beautiful model from the Homœopathic Hospital is called a *Tracheotomy Tent*, the patient looking pathetically pretty with a tube *in situ*, a steam kettle playing into the tent, while a dainty tray with tiny cloth contains the necessary liquid sustenance. The sufferer meanwhile finds comfort in a woolly lamb, dividing her attention between this and a doll in long clothes. The combination appears to absorb her attention, and prevent the full comprehension of the plight and pain of her position.”

Another exhibit from the same hospital is thus described :—

“*A Case of Heart Disease and Dropsy*.—Another of Sister Marion’s exquisite models lies in a most comfortable bed arranged specially to give relief in such a case, while Southey’s Tubes are shown draining the limbs.”

Models of the surgical work at the London Homœopathic Hospital are numerous.

“*An Ovariectomy Case*, from the Homœopathic Hospital, is beautifully carried out with a bed specially prepared, two hot water bags, and the long fair hair arranged in regulation

plaits. She holds in her hand a Lilliputian cambric handkerchief, and an exquisite ovariectomy belt awaits her convalescence."

* * * * *

"*Section G* is devoted to splints, whose uses are well set off by some charming models from the Homœopathic Hospital.

"A beautiful baby doll, with a fractured femur done up in wondrous strapping and bandaging, and looking very comfortable in a lovely pink cot, despite the temperature, is supplied with tiny hot water tins in tiny flannel covers, while an ingenious hot water bag, fashioned from mackintosh, lies near at hand in case of emergencies.

"*An Extension Case* is artistically bandaged, and the small patient solaces herself in her troubles with a fine little negro in national dress. Next to this is *A Hip Joint Case* with a Bryant's splint. These two cases are put side by side to show the old and the new style of treating hip disease. It is noticeable that all these dolls have such very delighted countenances. With 'Maggie' in 'Little Dorrit' they must be saying, 'Isn't it 'evingly to be in 'orspital.'"

* * * * *

A Severe Burn.—A model from the Homœopathic Hospital shows a patient as comfortable as possible under the circumstances, with muslin curtains drawn round the bed to prevent annoyance from flies. This is always practised at the Homœopathic in burn cases, curtains which can in three minutes be attached to the cots being always in readiness."

All these model patients have full charts and notes setting forth the true and authentic history of each case.

Models of nurses from the London Homœopathic Hospital, showing the uniform of the probationer, the nurse and the sister, were beautifully executed.

Surgical instruments were a very prominent feature in the display in the large hall. Messrs. Maw, Son & Thomson, Down Bros., and J. Weiss & Son, were the principal exhibitors in this department. Most exquisite are some of these manufactures.

Surgical dressings also call for brief notice. Besides elaborate exhibits of bandages and of antiseptic dressings of various kinds, special bandages, dressings, and apparatus, used in a variety of operation cases by eminent London surgeons, were on view. We also noticed a poison bottle of the usual blue colour, studded with the well-known conical prominences, but with an additional peculiarity which, to us, at least, was less familiar. We refer to the circumstance that the bottle in question was triangular on transverse section.

We turn, now, to the inner and smaller hall. This portion

of the exhibition was chiefly, though not exclusively, devoted to foods, of the supreme merits of which the exhibitors were firmly convinced.

In addition to the exhibition itself, and to complete its educational character, "conferences" were held daily, when lectures were given on subjects connected with nurses and their vocation.

The profession of nursing formed the subject of an admirable address by Miss M. Mollett on the 3rd ult. After an interesting historical survey of nursing as a profession, Miss Mollett made some excellent practical remarks, a few of which we quote from the report of the address given in the *Nursing Record* (June 6th):

"It seems to me," she said, "that the development of any particular profession or calling is simply a matter of supply and demand; no artificial means will hinder it from developing any more than a new trade route or a commercial enterprise can be stopped by sentiment or personal feeling. Nothing in the world is so strong as a public that knows what it wants, and in the case of trained nurses the public does know what it wants, and now that it has once seen its way to obtaining it, all the king's horses and all the king's men will not stop it.

"And there is no doubt but that in the trained nurse, the common-sense of the public sees an article that meets a long felt need; some one who is qualified in the doctor's absence to give to the sick skilled attention, and to carry out his orders with judgment and knowledge. She may not be perfect, but she makes towards perfection, and many of the faults that have been more particularly credited to a modern trained nurse are those that are common to a transition period, and will die out when she fully realises that self-restraint, modesty, and a sense of mutual obligation are an integral part of true professional conduct. And as long as nurses, highly trained and disciplined, and with a thoroughly sound professional education, are demanded by the public, so long will it be the duty of those who undertake their training to see that the public receives that which it requires—that for which it pays its money.

"The trained nurse who is, or should be, and in the future always will be, the veritable assistant of the medical man or woman, has come to stay. She is the logical outcome of the higher position now claimed by medical science and the medical profession, the medical man is no longer a barber-surgeon or an apothecary, and the nurse who assists him can never again be a woman who undertakes hospital and private nursing in the intervals of charring.

"Of the willingness of the public to accept the trained

nurse and of the doctors to avail themselves of her services there is little doubt, whilst as to the popularity of the profession amongst women there can be none whatever—judging by the very large number of applications for vacancies as probationers received by the superintendent of every training school in England.

“But until 1887 there was no idea of any general organisation of nurses as professional women—of any uniformity in training—of any generally accepted standard of proficiency. Each hospital trained according to the whim of its management, and the curriculum varied from an excellent and carefully considered course of training to an absolute lack of system that simply turned out conceited ward drudges. . . . Training having once been recognised as a necessity for sick nurses, by the overwhelming voice of public opinion, each hospital became a training school on its own lines, jealously guarding itself from outside influence, and never dreaming of a broader co-operation that should make all nurses members of one great profession for mutual advancement and mutual help.

“The Royal British Nurses’ Association was founded to meet—as far as might be—this want. Its founders were actuated by a sincere desire to form an association on a strictly professional basis, that should have for its object—not benevolent schemes—but a far-reaching educational and organising policy. It was to define the training of sick nurses—the minimum length of their apprenticeship, to register those whose qualifications entitled them to registration, to unite them for mutual professional help and protection, to found a central court of appeal in professional matters, in short organise the profession of nursing—that that body was founded.

“The professional duty of a nurse can be as clearly defined as that of a medical man or woman.

“The nurse’s first duty in her work is to act as the skilled assistant of medicine and surgery, to obey implicitly the orders of the medical man with regard to the patient under his charge, and to carry out those orders in the most considerate, careful and decent manner possible; to place in all things the welfare of the patients committed to her care above her own; to omit to do nothing, consistent with the medical man’s orders, to favour their recovery; to respect all confidences that are made to her in her professional capacity either in hospital or private work, and in all things to act honourably and conscientiously in the discharge of her professional duties; but she must not forget the duty she owes to herself

and her fellow workers as members of a great professional body."

In concluding this notice, we desire heartily to congratulate Mrs. Bedford Fenwick on the great success which has rewarded her efforts in gathering together so interesting and useful an exhibition, and we trust that the Brighton *Home of Rest* for nurses has been benefited by the entrance fees. We have been much pleased to see in the newspapers that those for whose direct advantage the Exhibition has been held, presented Mrs. Bedford Fenwick with a pleasing acknowledgment of their obligations to her. At the close of the exhibition on the evening of the 13th ulto. Mr. Harrison Cripps presented Mrs. Bedford Fenwick with an album containing a large number of Press notices concerning the exhibition, on behalf of a number of hospital matrons, nurses, and others who desired to give her some recognition of their gratitude for her organization of the Exhibition.

Not less heartily do we congratulate Miss Brew and her excellent and ingenious staff of nurses, especially Sister Marion, on their contribution to the Exhibition, one which reflects the greatest credit not only upon themselves but upon the institution with which they are connected, one which they have in some instances served both zealously and well for a long series of years

ALLOPATHIC INTOLERANCE.

For the moment we have no instance of the above in this country to record. The intolerance exists, but it is latent, and only waits for a favourable opportunity to show itself. But our old and esteemed colleague, Dr. C. Bojanus, of Samana, supplies the *Journal Belge d'Homœopathie* with a couple of instances of the manifestation of this form of *odium medicum* in Russia.

1. A periodical work, entitled *Library of the Medical Sciences*, is published in Germany under the editorship of Professor Drasche. A Russian translation is published simultaneously in St. Petersburg under the editorial supervision of Professor Paschontini. Dr. Sperling, of Berlin, wrote an article entitled "The Materia Medica of Homœopathy," which was inserted in one of the numbers of the *Library*, of which he is a fellow editor. As he knew nothing about homœopathy, as he himself tells us, except the absurd misrepresentations which are accepted as truths by the allopathic school, he thought that before writing the article it might be as well to study the subject. This he did most conscientiously, and arrived at the conviction that homœo-

pathy was very different from what it was usually represented to be by allopathic writers. The article he contributed to the *Library* was altogether favourable to the system of Hahnemann, and he had the courage to record in it a number of cases of disease cured by the homœopathic remedies.

Dr. Lougenio, of Odessa, seeing the importance of Dr. Sperling's article, at once translated it and inserted it in the *Wratsch-homeopathe* of September and October, 1895. But when the Russian edition of the *Library of the Medical Sciences* appeared, Dr. Sperling's article was not in it, but an article on homœopathy by a certain Dr. Wagner, written in the usual up-to-date allopathic style, occupied its place. The editor, Professor Paschontini, gave his reasons for this substitution in an editorial note to this effect: "In commissioning Dr. Wagner to write an essay for insertion in place of that of Dr. Sperling we have broken the promise we made to conform strictly in our translation to the text of the German original, and to abstain from all criticism and personal remarks. The sentiment that has guided us in our present action will be understood that Dr. Sperling pronounced unmistakably in favour of homœopathy." There is no denying Professor Paschontini's candour, whatever we may think of scientific spirit and editorial obligations.

2. Dr. Flemming, editor of the *Wratsch-homeopathe*, St. Petersburg, applied some months ago to the board of censors to be allowed to publish a fourth edition of the *Homœopathic Practitioners' Guide*. A professor of the Military Medical Academy, who filled the post of censor of medical literature, refused the permission requested, giving as his reason that "this book is designed for the use of village priests who live far from all medical aid, and it would do harm to lead them into error." This verdict of the censor was pronounced at a time when there are in St. Petersburg—two homœopathic societies, four pharmacies, an hospital in full activity, and a larger one in course of construction, fifteen doctors practising homœopathy, a large portion of the public who employ homœopathic treatment, and a great number of published homœopathic works.

PHILLIPS MEMORIAL HOSPITAL BAZAAR AT BROMLEY.

THE committee and officers of the Bromley Phillips Memorial Homœopathic Hospital and Dispensary are to be very warmly congratulated upon the success which attended the bazaar held at the Bromley Drill Hall, in May last, in aid of the Building Fund for the proposed new hospital. Certainly, no effort to ensure such a result had been left unmade. Even

in the minutest details the arrangements had been organised with the greatest care and completeness. The interior of the hall presented a most bright and attractive view, the picturesqueness of the Oriental bazaar being thoroughly realised without any of the discomforts and inconveniences attendant upon the real thing. Perhaps the most striking feature of the bazaar was the flower stall, which occupied the central position in the hall. Its circular outer wall was built of tiers of beautiful foliage and flowering plants, plentifully interspersed with a great variety of choice cut blooms; the coronal roof was also constructed of flowers and foliage, and altogether the stall was a perfect floral bower.

The proceeds of the bazaar, after the payment of all expenses, amounted to upwards of £800.

THE CAUSE OF DEATH IN SERUM INJECTIONS.

ADAMKIEWICZ (*Wien. med. Presse*, May 8rd, 1896), discusses the possible reasons of the fatal issue in a recent case at Berlin. Langerhaus attributed the death to the poisonous action of the antitoxin upon a healthy subject, when unneutralised by a pre-existent toxin. This seems *a priori* improbable, considering the large number of cases of suspected diphtheria which have been treated by antitoxin without ill-effects, and in which the suspicion has been proved unfounded. Nor does the evidence show that the injection of serum into a vein is, in all cases, *per se*, an element of danger, since the blood is able to tolerate the introduction of considerable quantities of indifferent substances with impunity. That the fatality was due to the amount of carbolic acid in the injection is not in accordance with the known effects of that substance, and the death was far too sudden to have resulted from poisoning by the serum itself, serum intoxication having been shown by Eulenburg to be always a more or less chronic process. The entrance of the serum into a vein and its employment in too concentrated a form having also been excluded, one is compelled to seek another cause for the intensification of its action in this case. This Adamkiewicz finds in a disturbance of the adaptive mechanism of the organism. The living body is provided with a self-regulating apparatus which protects it against noxious influences within certain limits; once these are passed the animal is lost. In his recent experiments with "cancroin" he found that several patients showed without apparent reason alarming signs of collapse after injection, and by careful exclusion was forced to conclude that the cause was sudden passage beyond

the bounds of the regulating mechanism. This was confirmed by the discovery that no such effects resulted when the injection was gradually given so as to allow the organism time for adaptation; in consequence of this Adamkiewicz now injects "cancroin" in tenths of a cubic centimetre, allowing some seconds after each injection for the self-regulating mechanism to act. He further extended his experiments to the injection of atmospheric air into the veins of the guinea-pig, and found that a considerable quantity could be taken up and eliminated without danger if it were given in small doses; thus 10 c.cm. injected in this way produced no ill-effects, while 2 c.cm. were instantly fatal when injected at once and forcibly. Any substance, serum included, may have a double noxious action when introduced into the body, proportional to, first, the force with which it is injected; and, secondly, the specificity with which it acts on the blood or through the blood on other constituents of the body. The virulence increases with the force of injection, and this may well account for the death under consideration.—*British Medical Journal*.

THE VACCINATION PROCESS.

SOBOTKA (*Zeit. f. Heilk.*, Bd. 14, p. 349), investigated cases of vaccination in 88 children, of whom 42 were absolutely normal and the rest were either suffering from chronic non-febrile conditions or convalescent or in the incubation period of some acute infective disorder. He made two-hourly observations of the temperature and obtained a regular fever chart which he divides into four stages. The first is non-febrile and lasts 2 to 3 days; the second shows remitting characters and lasts from the 3rd to 4th day to the 7th day; the third lasts during the 8th to 10th days and shows a constant moderately high regularly febrile temperature; the fourth is the period of defervescence. The temperature is not modified by the number of vesicles, the intensity of the local affection, the opening of the vesicles, the origin of the lymph, a previous vaccination, or the age of the person inoculated. The typical fever chart is not materially modified by measles, scarlatina, or varicella. The author investigated the nitrogenous metabolism in 11 cases, of which 7 are available. The children were first placed in nitrogenous equilibrium for 5 to 10 days and then vaccinated. The nitrogen was estimated by Kjeldahl's method. The nitrogen excretion began to be modified at the beginning of the second stage, and the maximum excretion occurred almost invariably on the 10th day. This increased nitrogen excretion Sobotka associates

with the more febrile condition which also occurs in the third stage, and regards it as a result of the general infection with the vaccinia poison. At the same time as the increased proteid metabolism there was present an increase in number of leucocytes; these diminished in numbers again as the nitrogen returned to the normal. It was found that a double leucocytosis occurs, the first lasting from the 3rd to 4th to the 7th to 8th day after inoculation, the second occurring on the 10th to 12th day and lasting 2 to 6 days. The leucocytosis in the first case is greater than in the second. In 2 cases of variola the author found that during the initial fever the number of leucocytes was very small; a leucocytosis noticed during the prodromal stage disappeared before the onset of the initial fever. As the result of a comparison of the two processes Sobotka comes to the conclusion that vaccinia is probably only a modified variola. In the Children's Hospital at Prague, where work was done, between 1860 and 1890, 5,590 cases of variola were treated; of these 96 per cent. were unvaccinated. The mortality of the vaccinated was 9 per cent., of the unvaccinated 46 per cent.—*British Medical Journal*.

THE SUCCESS OF HOMŒOPATHIC TREATMENT.

THE editors of the *Pacific Coast Journal* raise the question whether our present day therapeutics is less successful than that of 50 years ago. They remark:—

“It cannot be denied that the rate of mortality from all serious diseases has materially decreased during the last fifty or twenty-five years, regardless of the treatment, as to ‘school,’ employed. Since it has never been asserted, so far as the writer's knowledge extends, that homœopathic physicians of to-day in the treatment of these diseases lose a larger percentage of cases than do their colleagues of the dominant school, and since students of vital statistics within our own ranks vigorously maintain superior results, it is safe to assume that homœopaths have at least held their own. In view of the fact that the dominant school of to-day obtain results which are beyond the boldest dreams of the dominant school of fifty years ago, the mere admission that homœopathic practitioners have held their own with these competing schools is equal to absolving them of the charge of diminishing success in the field of practice.”

The article continues:—“Is it surprising that we are more guarded in prognosis, less sanguine in anticipation, more cautious in making specific claims for ourselves and our methods? And because more cautious in making claims, are

we necessarily the less able? Take, for instance, epilepsy. It would not be an easy matter to find an intelligent physician familiar with this frightful disease, its causes and the results which may be expected from the most painstaking prescribing and the most persistent exhibition of remedies, but will be exceedingly guarded in giving a favourable prognosis to the patient in cases occurring in adults, without appreciable cause, and well established as to duration, or one who has the hardihood to claim in medical circles a large percentage of positive cures in such cases. Yet the older literature of our school abounds in cures of epilepsy, the number of cures reported growing constantly smaller as we come down to the present time. This fact might be claimed proof that our forefathers had better success than ourselves in the treatment of epilepsy. Would this claim be just?"

After quoting a number of cases reported in *Rückert's Klinische Erfahrungen*, the article goes on to say:—

"These cases are selected at random. Their utter worthlessness, as clinical experiences bearing upon the treatment of epilepsy, is apparent. Yet, Rückert deemed them worthy of preservation. It may be disloyalty or stupidity in us to deny them even the commonest interest, but the writer doubts if the average practitioner of to-day would willingly affix his signature to such reports of 'epilepsy.'

"Boenninghausen was a man of remarkable learning and ability, and his clinical hints are to-day valued highly by many practitioners. Yet some of his statements are startling. Thus Rückert, in the same section, says 'the same authority (Boenninghausen) gives in the same journal (Archives) an additional list of 28 cases and closes it with the remark that he could easily double the list of 28 cases of epilepsy thoroughly and permanently cured by him within two years by the smallest doses of calcarea carb., if he added others treated in the same length of time in which the same remedy yielded undoubted improvement, but permanent cure did not result until other remedies had been exhibited.' Think of it! Fifty-six cases of epilepsy treated and cured by one man and with the same remedy in the brief space of two years. Presuming that Boenninghausen had other cases of epilepsy which called for other remedies, we get a probable total of cases of epilepsy cured by him within two years which surpasses any record of the kind ever made by mortal man, implying a draft upon strength, time and vitality, which would have driven a common man into a lunatic asylum.

"Did Boenninghausen and others mean to publish an untruth? God forbid the thought! They simply put under

'epilepsy' hundreds of cases which to the modern physician would not even suggest this disease. And it is in this light, and in this light only, that we can study with much benefit to ourselves the old clinical records. But it will never do to take these records without a careful interpretation of their real meaning and from them draw unfavourable deductions as to the relative success of the profession of to-day and of the old times.

"When we read between the lines, as suggested, another puzzle is easily explained.—With what remedies did our predecessors treat their cases of 'epilepsy'? Belladonna, calcarea, causticum, cuprum, ignatia, nux vom., etc., the very same remedies which are used to-day. Do we cure as many cases with the same remedies as they *report* to have cured? By no means! Did they use preparations differing from ours? Not at all! They were diluted, triturated, and 'potentized' then just as they are diluted, and triturated and 'potentized' now; they were then as now given 'high' or 'low,' at long and short intervals. Why, then, if von Boenninghausen, for instance, cured twice 28 cases of epilepsy in two years with calcarea, intercurrents being used in one-half the cases, do we fail to get the same results with calcarea? Simply because Boenninghausen never did cure 56 cases of true epilepsy in any two years of his life with calcarea, or any other remedy, but following the usage of his time, and undoubtedly having many cases of convulsive action more or less resembling the epileptic state, which yielded to, or improved under, his treatment. In the light of our present knowledge we would not do so; he reported them as epilepsy. *His recorded experience cannot be made a criterion of our success, unless properly interpreted.*"

LOEFFLER'S BACILLUS AND DIPHTHERIA.

HENNIG, of Königsberg, at the recent congress at Wiesbaden, stated that he had made exact clinical and bacteriological examination of 68 cases in relation to Loeffler's bacillus, which he had found present in 35 cases; in only some of these was the disease clinically true diphtheria; in others it was follicular sore throat or tonsillitis, and one was a case of pharyngitis aphthosa Heryng. Moreover, the bacillus was not present in 7 cases that subsequently exhibited typical paralyzes, and Hennig therefore concludes that this microbe cannot be invariably the determining agent in Bretonneau's diphtheria, and that no treatment based on the hypothesis that it is so can be accepted as specific. He proceeded to point out that the results of serum therapy are by no means as brilliant

as they seem ; that other methods have given better results before the antitoxin had come into fashion, many writers having saved in but 8 or 4 per cent. of their cases, including gangrenous and scarlatina cases. Finally he recommended the treatment he had himself consistently persevered in adopting in 1,927 cases, with a mortality of only 8.06 per cent., namely, lime water, the permanent application of an ice cravat, etc.—*British Medical Journal*.

HOMŒOPATHIC TREATMENT OF THE INSANE.

THE “Eleventh Annual Report” of the Westboro (Mass.) Hospital for the Insane clearly shows the advantage of having such hospitals under homoeopathic management. The *Boston Herald* of April 20th contains a comparison of the reports of the five hospitals for the insane from which we take the following, premising that the Westboro is under homoeopathic and the other five under allopathic management.

1.—RECENT OR ACUTE CASES.					
State Hospital.	Admitted.	Recovered.			Per Cent.
Worcester ...	272	75	...		27.59
Taunton ...	176	66	...		37.50
Northampton	109	32	...		29.36
Danvers ...	210	58	...		25.48
WESTBORO ...	112	48	...		42.86
<hr/>					
Total ...	877	274	...		31.24
2.—CHRONIC CASES.					
Worcester ...	221	9	...		4.07
Taunton ...	124	6	...		4.84
Northampton	79	4	...		5.19
Danvers ...	180	6	...		4.62
WESTBORO ...	107	14	...		13.08
<hr/>					
Total ...	661	39	...		5.90

These figures should serve as an impressive warning to the friends and relatives of persons suffering from mental derangements not to delay placing them for early treatment in the hands of competent specialists.

There are, of course, three modes of calculating the percentage of recoveries in any institution for the insane, according as we use for the divisor the total number admitted or under treatment or discharged.

Of all admitted the percentage of the recovered for the year ending September 30, 1895, were as follows: At

Worcester, 16.41; at Taunton, 19.70; at Northampton, 18.91; at Danvers, 15.86 and at Westboro, 26.89.

Of all under treatment: At Worcester, 5.91; at Taunton, 6.86; at Northampton, 5.44; at Danvers, 4.68; at Westboro, 9.52.

Of all discharged (otherwise than by death): At Worcester, 28.18; at Taunton, 30.65; at Northampton, 30.16; at Danvers, 26.46; at Westboro, 38.95.

One curious feature in connection with this splendid record is that it excited the hostility of the allopaths, and instead of going to the Westboro people to learn how to cure the unfortunate insane they made an ugly attack on the hospital. And this in the face of the fact that their best showing in treating the chronic insane was but 5.10, while the Westboro homœopaths cured 18.08 per cent. of their cases. The confirmed allopath is a curious person, and like his prototype, the famous Dr. Sangrado, seems to regard the upholding of his own theories and ways to be of more importance than curing the sick.—*Homœopathic Envoy*, Lancaster, Pennsylvania.

FORMIC ALDEHYDE IN GONORRHŒA IN WOMEN.

DE SMET (*La Semaine Médicale*, June 8rd, 1896) has made large use of this compound, which is a mild caustic, and he claims very good results. Sixty cases, some very obstinate, were cured. The vulva is washed in a 1 in 1,000 aqueous solution, the speculum introduced, and a stronger mixture (2 to 5 in 1,000) poured into the vagina. All folds, as well as the fornices, and the cervix are well washed with the solution. If the uterine cavity and the cervical canal are involved a 2 in 1,000 solution is injected. When there is laceration of the cervix a tampon, soaked in 1 in 1,000 of formic aldehyde is left for two or three hours in the vagina. These applications cause no pain. They are repeated daily or every other day. When fungous endometritis is present, the curette must first be used. After a few applications the discharge diminishes, and soon disappears.—*British Medical Journal*.

AN OVERDOSE OF STRYCHNINE.

A MEMBER of the profession has sent us an account of his unpleasant personal experiences after an overdose of strychnine. He had for some days been taking once a day after dinner three to five drops of liquor strychninæ, B.P., but on a certain evening he carefully "poured out ten drops," which he mixed with two drachms of a solution of sulphate of quinine of the strength of one grain to the drachm. This was well

diluted with water and two drops of liquor arsenici hydrochloricus were added. Half an hour after taking this draught he began to feel uneasy and restless, and found he could not walk about with comfort. A little later he lost control of his legs, which felt tense and jerky. He then noticed some slight stiffness in the facial muscles and found there was a distinct tendency for the corners of the mouth to be drawn up. He felt better when lying down, but any attempt to move excited spasm of the muscles of the legs and thighs. He took twenty grains of bromide of potassium and about an hour after the first appearance of the symptoms he sent for medical aid, but meanwhile slight convulsions with distinct opisthotonos had set in. Although the mind is usually said to be absolutely clear, the patient found concentration of thought difficult and he remarks that although doubtless under ordinary circumstances he would have remembered chloral as the proper physiological antidote, its very existence never entered his head. Nearly an hour passed before medical assistance arrived, and by this time the patient was conscious of being in extreme danger; the slightest movement was accompanied by a convulsion of the whole body, with well-marked opisthotonos and with sudden contraction of the muscles of the chest. Breathing was now difficult, but the diaphragm appeared to be working well and fully under control. A quarter of a grain of morphine was injected subcutaneously, and, as the convulsions continued, twenty minutes later another injection of one-eighth of a grain of morphine was given. From this time the spasms gradually declined, he vomited freely, and then slept at intervals from midnight until about 7.30 a.m., when the symptoms were practically at an end, though for many days he felt tired and disinclined for work and the muscles of his chest remained acutely painful on any exertion. This case presents many interesting features; assuming that ten minims of liquor strychninæ was the dose taken, the symptoms were very severe, but the patient admits that possibly, while talking, he might have poured out two teaspoonfuls of the strychnine instead of the quinine solution. The early affection of the facial muscles is also unusual, and the patient doubts very much whether any of the muscles were quite relaxed in the intervals between the paroxysms; the legs were constantly jerking and it seemed impossible to bend them as they felt as stiff as boards. Our *confrère* is distinctly to be congratulated upon the successful issue of an unpleasant experience, but we doubt whether, even in the interests of science, he could be tempted to repeat the experiment with an undoubted dose of ten minims only.—*The Lancet*, Feb. 29th.

PHYTOLACCA DECANDRA FOR EPITHELIOMA.

GOODMAN points out (*South Carolina Medical Journal* for April) that while the root and berries of the above-named plant have been largely experimented with, and have been found to possess therapeutic properties of great value, yet the green leaves of this plant possess a property which alone would entitle it to rank among the most valuable remedies of the materia medica. We refer to its power of destroying epithelioma. The method of using the remedy is to bruise the green leaves to a pulpy mass; collect the expressed juice in a shallow receptacle, as a plate; allow it to evaporate to a thick, pasty consistency; spread a portion of this on a piece of silk or other suitable cloth, and apply to the morbid growth.

The plaster should be removed and the part washed twice daily. The remedy causes severe pain. It has a selective action for the morbid tissue; follows out all the irregularities of the epithelioma; causes, as it were, its liquefaction and removal, and then acts as a cicatrizant for the open sore.

As soon as all the morbid tissue is destroyed, a bed of cicatricial tissue begins to spread from the periphery, and as this occurs the plaster should be cut smaller each day, so as to conform to the size and shape of the surface to be covered by it.

Unlike other remedies, it can be used fearlessly, does not endanger the patient, combines within itself a caustic action and healing property, and requires to be used in the same manner from beginning to end.—*Therapeutic Gazette*.

SURGERY WITHOUT PAIN.

A RECENT meeting of the Philadelphia County Medical Society was rendered particularly interesting (*Am. Med. Rev.*) on account of the presentation of a paper by Dr. T. Parvin, on the new method of abolishing the pain of surgical operations without the necessity of employing ether or chloroform. This is the system suggested and practised by the well-known German surgeon, Schleich, who, by its use, has been able to perform practically all of the minor and many of the major operations of surgery without the slightest pain to the patient, and without depriving him in any other way of his consciousness.

By the method of Schleich there are prepared three solutions of common salt, in which are dissolved different quantities of muriate of cocaine and morphia. The part to be operated upon is thoroughly cleansed with an antiseptic solution, and the surface brought to a low temperature by a spray of chloride

of ethyl. Into this area of the skin, which, by the action of the spray, has been deprived of all sensation, the salt solution containing the cocaine and morphine is injected by means of a special hypodermic syringe, numerous punctures being made in all directions. This renders the deeper structures insensible to the surgeon's knife, and from a period of from twenty minutes to half an hour the patient is not conscious, so far as actual pain is concerned, of extensive cutting and sewing.

The new method differs in an important degree from the ordinary employment of hypodermic injections of cocaine. The strength of the drug which has been used in the past is about 1 part in each 25 parts of the solution, while in the Schleich method there is often employed a strength of only 1 in 10,000. In the former, however, only a few drops of the solution are employed, while in the latter the tissues surrounding the part to be operated upon are thoroughly infiltrated with the solution. With the small quantity of the cocaine employed by Dr. Schleich, it is apparent that something more than cocaine is responsible for the local anæsthesia so perfectly obtained. In the opinion of Drs. Keen, Ashhurst and Morton, who discussed the merits of the new system, the infiltration of the tissues with the solution, and the distension and consequent pressure upon the small nerves were responsible in a large measure for the absence of pain when the incision by the knife is made.

To indicate the manner of employing the method of Schleich, and to show the entire absence of pain, one of the surgeons had the solution inserted beneath the skin of the arm and an incision an inch long made and sewed up before the Society. —*New York Medical Times*.

OXYGENATED CHLOROFORM.*

To Dr. H. L. Northrop, Professor of Anatomy in Hahnemann Medical College, Philadelphia, is due the credit of first using and demonstrating the practical utility of oxygenated chloroform when it is used as an anæsthetic.

Oxygenated chloroform is a mechanical mixture of pure oxygen with the vapour of chloroform. The apparatus which I have employed for its administration is simple, and differs somewhat from that devised and suggested by Dr. Northrop. It is composed of a cylinder for pure oxygen, from which through a rubber tube, the gas is passed into a graduated bottle containing a given amount of chloroform, and from this, by another tube, oxygenated chloroform vapour is carried into an inhaler. This inhaler consists of a nickel plated mask with

* Read before the King's County Medical Society, February, 1896.

a rubber face, which covers the nose and mouth; on the upper surface is a button valve for expired air. It fits closely to the face, is light and not clumsy to handle. After each administration it can be readily cleansed.

Should the oxygen gas become exhausted in the midst of an operation, I have a bulb which can be easily attached to the tube through which the oxygen has passed, and condensed atmospheric air can be used instead.

One great advantage of the anæsthetic is that there is a proper admixture of oxygen, so that the patient does not experience that smothered feeling which arises from the administration of either chloroform, ether or bromide of ethyl by the ordinary method; consequently the anæsthetic gives rise to little or no struggle. Another advantage is that it enables us, after the anæsthesia has been completed, to give a few inhalations of pure oxygen, thus washing out of the lungs the chloroform vapour.

The stage of resistance is short, or entirely absent.

Complete narcosis is produced in less time than can be done either by ether, chloroform or bromide of ethyl. The shortest time required to bring about complete narcosis was one-half minute. Instead of the ghastly countenance attending the anæsthesia of chloroform, the patients, under the oxygenated chloroform, presented a ruddy colour of the lips and cheeks. Blood flowing from a wound was bright red.

The anæsthesia sometimes slows the pulse, but it is full and strong. The respirations are little, if at all, affected.

Vomiting is not the rule, if it does occur it is brief and consists mainly of mucus, and can be controlled by giving more concentrated vapour.

Recovery takes place quickly. With inhalations of pure oxygen or vapourized aromatic spirits of ammonia consciousness is regained, in many cases, in from one to five minutes; without the inhalations, from five to twenty minutes. In no case was great prostration experienced, nor have I ever noticed any delirium after the patient had been placed in bed.

The amount of chloroform used, even where time and great care was taken in those cases with cardiac and nephritic lesions, was comparatively small.

The advantages worthy of consideration in connection with the use of oxygenated chloroform are as follows:—

I. Complete anæsthesia is produced in a shorter time than can be done by either ether, chloroform or bromide of ethyl.

II. The insignificant amount of chloroform used.

III. The pleasing aspect of the patient's countenance, instead of the death-like pallor attending the use of chloroform alone.

IV. Absence of nausea and cyanosis.

V. Tendency to quickly regain consciousness and freedom from cerebral excitement afterwards.

VI. Little shock.

VII. Its comparative safety where other anæsthetics seem contra-indicated.

In animals, a poisonous dose of oxygenated chloroform caused the following condition :—

The respiration became feeble and intermittent, and finally ceased altogether. The arterial pulsations became excessively weak, but persisted longer than the respirations. The left side of the heart was the last to die, death being produced by paralysis of the respiratory centres in the medulla oblongata.

The heart of the animals experimented upon was found to be in motion long after the thorax was opened, while the respiratory movements had ceased about four minutes before.

A number of the animals, which were apparently lifeless, were quickly resuscitated by the administration of pure oxygen gas, combined with artificial respiration. Thus, in case of collapse under oxygenated chloroform, the free administration of pure oxygen gas, in combination with artificial respiration and manipulation of the area over the præcordium, would doubtless prove an efficient method of resuscitation in human beings.—*N. Y. Med. Times.*

DIPHTHERIA ANTI-TOXIN.

THE Homœopathic Society of Chicago held its regular monthly meeting on the evening of January 7th, in the Great Northern Hotel. Except the World's Fair Congress it was the largest gathering of homœopathic physicians we have ever seen in Chicago. More than 200 were present, and many were unable to get into the hall. The large audience came out to hear the anti-toxin treatment of diphtheria discussed.

Dr. R. N. Tooker read a paper entitled "The Status of Diphtheria Anti-toxin at Home and Abroad." The society listened to him with marked attention for a full hour. He was followed by a paper or lecture by Dr. J. A. Tomhagen, entitled "The Homœopathic Treatment of Diphtheria." The first essayist had not a single word for anti-toxin, but said much against it. He claimed that the death rate in Chicago from diphtheria during the last few weeks of 1895 was 44 per cent. instead of 6 per cent. as recently stated by the health commissioner. The essayist also said that during the year 1895 there were nearly 1,800 deaths in Chicago from diphtheria—500 more than ever occurred during any other year. He also claimed that the death rate was even greater

since the use of anti-toxin than before. He quoted statistics to show that the best average recent mortality rate which the old school could show was 22 per cent. He said he had addressed a circular letter with a blank to all the physicians of the homœopathic school in Chicago, and 45 replied that during the 12 months just preceding, they had treated in the aggregate 815 genuine cases with a death rate of 7 8-10ths per cent. He believed that the statistics, which he obtained thus were reliable, and correctly represented the average mortality rate in diphtheria under homœopathic treatment. According to these figures, if all the cases of diphtheria in Chicago during the year 1895, had been treated homœopathically 1,000 lives would have been saved.—*Minneapolis Homœopathic Magazine.*

FREEDOM OF OPINION IN MEDICINE IN THE UNITED STATES.

ST. JOHN'S Hospital at Fort Smith, Arkansas, is now in the hands of the homœopathic members of the medical profession. When, after many years of allopathic treatment, the board of managers proposed to grant to the homœopathic school, representatives on the hospital staff, the gentle allopaths called an indignation meeting to protest against the outrage. The board of managers very justly paid no attention to the unreasonable demands of the allopaths, and so, protesting still, they all resigned. The narrow and bigoted action of the old school doctors has served to unite the people and press in support of the homœopaths and managers. This is another instance of the unchanged attitude of the allopathic school so far as homœopathy is concerned. Whatever broad-minded and liberal sentiments may be uttered by individual members of the old school, it is, so far as its organised action is concerned, as bitterly partisan as it was twenty years ago.—*North American Journal of Homœopathy.*

A NEW CURE FOR ITCH.

CONTINENTAL physicians have never ceased to have an affection for Peruvian balsam—one of the fail-me-nevers of the old school of treatment, and as reliable an antiseptic as there is amongst aromatic bodies. Modern research has fully maintained the old esteem in which it was held. It is owing to continental opinion that the bulk of the balsam which comes into the London market is again exported, and that this condition of things is likely to continue seems evident from a new use for the balsam which is reported from Paris. There

Drs. Jullien and Descouleurs have experimented with itch-
acari, and find that while in sulphur fumes they remain alive
for sixteen hours, and in sulphur itself one hour, the balsam
kills them in ten to twenty minutes. So the remedy has
been tried clinically, the balsam being painted on the skin
and then gently rubbed into the whole body with the hand.
The balsam penetrates readily, and the morning after the
patient takes a warm bath, when the cure is said to be
complete. The treatment is so simple, and so much more
agreeable than the sulphur method, that it deserves a wide
trial—provided the balsam is forthcoming at a reasonable
price.—*Chemist and Druggist.*

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I do not know whether you have seen an
article in this week's *Hospital* which, while pretending to
be a criticism of Dr. Goldsbrough's pamphlet on some
"Prolegomena to a Philosophy of Medicine," is really one of
the usual unintelligent scurrilous attacks on homœopathy. I
send you a copy of an answer to it which I have this day sent
to the editor of the *Hospital*. Notwithstanding his Pharisaical
protestations of absolute fairness, he will probably not insert
my reply. As I consider that a public reply should appear
in the press, I shall be obliged if you will insert this letter
and a copy of my reply to the *Hospital* in the *Monthly Homœo-
pathic Review*.

I am, yours truly,
CHARLES W. HAYWARD.

117, Grove Street, Liverpool.
June 6, 1896.

June 6, 1896.

To the Editor of the Hospital.

Dear Sir,—I trust that you will in fairness insert in the
Hospital a few remarks concerning the criticism of Dr.
Goldsbrough's pamphlet which appears in this week's issue.

Your reviewer says "The net result of reading these pages
with the utmost possible care is a condition of mental
bewilderment. Nowhere can anything precise be so much as
approached." Well, I am inclined to agree with him there,
but I think it would be hopeless to look for a spark of

professional honour in a man who, in one sentence says "But, as we have said, of this one and only principle which the book contains," (*i.e.*, the law of similars) "there is no exposition at all, whilst of supporting facts and reasoned demonstration there is not so much as even a shadow;" while a few sentences previously he has said "In other words we shall do homœopathy and homœopaths no wrong if we take Dr. Goldsbrough's book and try as fairly as may be possible to set forth its why, its wherefore, and its whether."

You will see that your reviewer, owing no doubt to the "mental bewilderment" mentioned, has been unable to keep "his right end up" in the argument, and has succeeded in making several statements which, when considered together, form a far more damaging criticism of his fairness and intelligence than of the subject of which he is writing. He completely gives himself away, and by selecting a work on "Prolegomena to a Philosophy of Medicine," and which does not pretend to be a defence of homœopathy, as affording an opportunity of displaying his unscientific bullying of homœopathy, shows the usual cowardice of the bully in first carefully ascertaining whether the opponent whom he wishes to annihilate can fight, and on assuring himself that he happens to have found one who cannot, proceeds to hit out with a wildness which proves nothing but his cowardice and absolute ignorance of the rules of honour customarily maintained between antagonists.

It would be only kind of you to warn your reviewer to be sure that in any future attack he may make on homœopathy, he should as in the present attack, confine himself to throwing mud at a safe distance, and never attempt fair discussion of facts, or he will find that what he humourously describes as his "previous knowledge of what homœopaths mean by a law of similars," is such a sickly abortion that he will sustain considerable damage in the encounter.

Dr. Goldsbrough's reasoning is, I agree, difficult to follow, and one is inclined to hope that the Philosophy of Medicine to which these remarks are 'Prolegomena' may be more understandable. If it is not, I grieve for the future of Philosophical Medicine. Some of his expressions are unfortunate, especially the one which your correspondent has selected to worry, *viz.*, "As far as average science is concerned homœopathy is therefore ultra-rational, it is beyond science."

With characteristic unfairness your correspondent does not allude to the context which reads, "The advocates of homœopathy, however, by the parallelism they draw between drug effects and disease, and by the universality of the application of one to the other, they endeavour to establish, assert in

effect, that the rule of similars must be based on a law of equal universality, if only such a law could be perceived, defined, and established in the mind."

The rule *similia similibus curentur*—which was deduced by Hahnemann from specific instances of its action—may as easily be beyond present science or beyond our present reasoning capacity (or ultra-rational) as was the rule of falling bodies deduced by Newton from a specific instance, and which was at that time as much beyond science and ultra-rational until the universal law of gravitation was established. So the rule of similars awaits the discovery of some universal law which shall enlarge and include it.

Your correspondent sums up as follows:—"In a word, in the general progress of medicine homœopathy is to scientific medicine what the crude gooseberry is to the ripe fruit." This luscious ripe fruit of scientific (?) medicine has been described by Dr. Wilks, of Guy's Hospital, as follows:—"I deny that we have a scientific use of medicines. To say I have no principles is a humiliating confession. We have no special indications whereby we can be certain of the actions of medicines in disease. Our remedies are never suggested by theoretic considerations whatever. I think it is not difficult for us to see that our art has not a scientific basis, but, on the contrary, is formed out of the fancies of the human mind."

Do you not consider that the "ripe fruit" must be over-ripe, and in such a state of rottenness that it is dangerous to administer it to sick people?

Really, Sir, I think you ought to get a new reviewer. A reviewer's duty is to impartially criticise the subject of his review, whereas your correspondent has, with refreshing simplicity, laid bare his complete ignorance both of the theory and practice of a subject in regard to which he fondly imagines that his ill-expressed prejudices will be mistaken for intelligent criticism.

Although an editor cannot be held responsible for the vagaries of his correspondents, still after your recent editorial on fairness and freedom in all matters, it is surprising to find that a correspondent has been allowed an entire page on which to display his unsuitability for the task you have imposed upon him.

I am, Sir,

Yours truly,

CHARLES W. HAYWARD, M.D., D.P.H.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to **Dr. EDWIN A. NEATBY.**

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET. BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from **Dr. M. M. BOSE** (Calcutta).

CORRIGENDA.—P. 377, l. 25, for "Schleg," read "Schley." P. 378, l. 10 from bottom, for "Cloter Müller," read "Clotar Müller."

BOOKS RECEIVED.

Hahnemann's Defence of the Organon of Rational Medicine against the Attacks of Professor Hecker. Translated by R. E. Dudgeon. Philadelphia: Boericke & Tafel. 1896.—*The Use and Abuse of the Harrogate Mineral Waters.* By Arthur Roberts, M.D., M.R.C.S., Eng. Harrogate. 1896.—*"Bad Rippoldsau."* By Otto Goeringer. Baden.—*What it Costs to be Vaccinated.* By Joseph Collinson. London: W. Reeves. 1896.—*Humanitarian League Fifth Annual Report, 1895-96.*—*Report of the Calcutta Homœopathic Medical School for 1895-96.* Calcutta. 1896.—*Farmer and Stock-Breeder.* May 25. London.—*The Homœopathic World.* June. London.—*Medical Reprints.* June. London.—*The Chemist and Druggist.* June. London.—*The Medical Century.* May and June. New York.—*The Medical Times.* June. New York.—*The North American Journal of Homœopathy.* June. New York.—*The New York Medical Times.* June.—*The Homœopathic Eye, Ear, and Throat Journal.* May. New York.—*The New England Medical Gazette.* May. Boston.—*The Hahnemannian Monthly.* June. Philadelphia.—*The Homœopathic Recorder.* May. Philadelphia.—*The Homœopathic Physician.* May. Philadelphia.—*The Homœopathic Envoy.* June. Lancaster, Pa.—*The Medical Argus.* May. Minneapolis.—*The Hahnemannian Advocate.* May. Chicago.—*The Australasian Homœopathic Medical Gazette.* April. Dunedin.—*Revue Homœopathique Française.* May. Paris.—*Revue Homœopathique Belge.* April. Brussels.—*Archiv für Homœopathie.* May. Dresden.—*Populäre Zeitschrift für Homœopathie.* June. Leipzig.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. POPE**, 19, Watergate, Grantham, Lincolnshire; **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; or to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON**, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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THE COMING CONGRESS.

SINCE HAHNEMANN'S death in 1843 there has been but one international Congress of his disciples, which was specially motivated by the desire to do honour to the illustrious Founder of Homœopathy. That was the great gathering at Leipzig in August, 1851, for the purpose of unveiling the bronze statue of HAHNEMANN, the cost of which had been defrayed by subscriptions obtained from his disciples in various parts of Europe.

On that occasion Germany was represented by many whose names are familiar to all students of homœopathic literature. STAPF and GROSS, the faithful disciples and confidants of HAHNEMANN, were there, and there were also BÖNNINGHAUSEN, the inventor of the *Repertory* which has served as a model for so many others ; RUMMEL, for many years editor of the *Allgemeine Homöopathische Zeitung* ; RÜCKERT, author of the *Klinische Erfahrungen* ; VEIT MEYER and CLOTAR MÜLLER, joint editors of the *Leipzig Homœopathic Journal* ; HARTLAUB and TRINKS, of *Materia Medica* fame ; with a crowd of others whose names are only a little less celebrated than those we have mentioned. The international character of the meeting was but

feebly represented. This country sent DRYSDALE, RUSSELL, DUDGEON and HERING; Spain was represented by that stately cavalier, NUNEZ, physician to the Queen, and afterwards Marquis and Grandee of Spain. Austria sent only three—WÜRSTL, CASPAR, and SCHRETER; Bohemia only one—HOFRICHTER, of Prague. Italy was represented by WAHLE, of Rome, one of HAHNEMANN's immediate disciples and fellow provers; Denmark gave PABST, of Copenhagen. Russia, France, Switzerland, Germany's next neighbours, were unrepresented; and America, which now teems with HAHNEMANN's disciples, and is about to erect a more magnificent memorial to the Master, did not send a single representative to honour the ceremony at Leipzig. Such a meeting as this at Leipzig in 1851 can never occur again. HAHNEMANN's immediate disciples and friends who formed such a large and distinguished portion of this German assembly have all long since joined him in the Elysian Fields, which are not the same as the Champs Elysées of Paris, where Hahnemann's last days were spent. In fact, we believe that our countryman, Dr. DUDGEON, is the only survivor of the large gathering in Leipzig forty-five years since.

The Congress that commences here on the 3rd inst., though not specially designed, like that at Leipzig, to do honour to HAHNEMANN, happens in a year connected with a memorable event in the life of HAHNEMANN, for it was just one hundred years ago that his *Essay on a New Principle* (to wit, the treatment by homœopathic medicines) appeared in *Hufeland's Journal*. At that time, HAHNEMANN had not made a single proselyte to his views. His first convert, his son FRIEDRICH, was only 10 years of age. It was not till after the publication of the *Organon* in 1810 that he had any followers, and at that time his first, and for a long time his only, disciple seems to have been his son FRIEDRICH. The way to the truth in therapeutics which he had discovered, as he tells us, in 1790 and enunciated six years later, he had, as he pathetically observes, "to tread alone, depending on my own powers, on my own resources." And this solitary pursuit of a life-and-health-giving rule of treatment was carried on in the stress and strain of the direst poverty and privation, whilst he had to provide for the wants of an increasing family by working, we may say, day and

night as a publisher's hack, translating popular works from the English and French for a paltry remuneration.

How different is the case to-day, one century after the promulgation of the true law of healing. There is no civilized country where HAHNEMANN's disciples are not to be found, and we shall in a few days see, we hope, a great gathering of his devoted followers from nearly all parts of the world. The enthusiasm for the system which HAHNEMANN founded must be great which brings together in our little island not only visitors who are separated from us merely by the "silver streak," but also colleagues from across the wild Atlantic Ocean. We trust the international character of this year's Congress will be more conspicuous than it was at the memorable meeting at Leipzig 45 years ago, when foreign countries were represented by 11 doctors, and of five of these the mother-speech was German, leaving only six to represent the foreign element.

But though we hope to see a large foreign admixture in our Congress, we do not think we shall be at a loss for inter-communication for want of a common tongue. The universal language—*Volapük*, we think it is called—is not so generally studied as to be available. But probably English will suffice. Homœopaths, more than medical men of the other school, are bound to know this language, for by far the most important and instructive literature of the homœopathic school is in English—or rather American, which is merely an advanced form of English, and presents no difficulties to the students of the Cis-Atlantic dialect.

In our editorial capacity we give in advance a hearty welcome to all our *confrères* wherever they may hail from, and we are sure our cordial sentiments will be felt by all British homœopaths. The Hahnemannian formula, "*similia similibus curentur*," is the symbol that unites us all in a brotherly league, and we care not how much variety there may be in the practical working, provided the practitioner remains faithful to the grand rule Hahnemann held aloft as a lamp of truth for the guidance of a benighted profession just a century ago.

MODERN HÆMATOLOGY.

Abstract of a Clinical Lecture

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THE bedside study of the pathology of the blood as an aid to diagnosis and treatment may be said to have sprung into existence during the last ten or fifteen years. Previous to this it was only in the physiological laboratory that anything approaching accuracy could be attempted; whereas, to-day, thanks to the invention of the hæmacytometer and the hæmoglobinometer and certain improvements in the microscopic examination of the blood, we have already a wealth of literature upon the blood second only in extent to that which has been devoted during the last ten years to the subject of neurology.

Alkalescence.

As normal blood is uniformly alkaline, and as in so many diseases the urine, perspiration, or saliva becomes acid, a ready test of the degree of alkalinity of the blood is obviously to be desired. Hitherto, anything approaching quantitative estimation has only been accomplished in a fully equipped laboratory. A moderately good qualitative test, however, is that of Liebreich, where discs of clay or plaster of Paris saturated with neutral litmus tincture are touched with a drop of the blood. In a few minutes the corpuscles are washed away by a stream of water from a wash bottle and the depth of the blue colour furnishes an index to the degree of alkalinity of the serum.

Numeration of Corpuscles.

To Hayem and Malassez belongs the credit of rendering the counting of the corpuscles an easy and comparatively rapid operation, such as could be attempted in a hospital ward or in the physician's consulting room. The form of instrument as improved by Gowers is the one which has found most favour in this country, and is on the whole a satisfactory instrument. If care be taken to have the normal saline solution of the proper density it has the advantage of allowing one to examine the shape of the corpuscles in a rough and ready way at the same time as the counting. For rapid work, however,

combined with a reasonable amount of accuracy, the little instrument called by its inventor, Dr. Gärtner, the *hæmatocrite*, bids fair to displace the hæmacytometer in popular estimation. It consists, as you see, of a small graduated tube which, after being filled with slightly diluted blood and carefully closed, is transferred to Gärtner's centrifugal machine, which is made to revolve for five or six minutes. The tube is then taken out and the red corpuscles are found in a compact layer at one end, and upon these a thin layer of white corpuscles. The height of the column is read off by means of the graduations on the tube, and this multiplied by the degree of dilution of the blood, 2, 3, 4, &c., gives the proportion of red corpuscles.

Hæmoglobin.

For the estimation of the proportion of hæmoglobin, Gowers's instrument, which you are in the habit of using in the wards, was one of the earliest and is still the best known in this country, and for rapid use is to be preferred I think to the instruments of Fleischl, Hoppe-Seyler or Malassez. On the score of accuracy, however, all these instruments leave something to be desired and a really accurate hæmoglobinometer is still a desideratum. The "tintometer," an instrument elaborated by Dr. Oliver from a similar instrument used by colour makers bids fair to be a step in advance.

As a result of making numerous hæmoglobin determinations you will have been struck by the fact that in the majority of diseases where the blood is altered the proportion of hæmoglobin falls more rapidly than the number of corpuscles, so that in place of unity when R. (the richness in hæmoglobin estimated in normal blood as 5,000,000) is divided by N. the number of corpuscles (also 5,000,000) ($\frac{R}{N} = 1$.) we have a fraction which may fall to 0.80 as in mild chlorosis, to 0.65 as in moderate chlorosis or to 0.52 as in the intense form (Hayem).

Histological Examination.

The examination of a minute drop of freshly drawn blood furnishes much valuable information, especially if care be taken to prevent evaporation by the use of Hayem's *cellule à rigole* or even by simply painting round the cover-glass with vaseline. For more complete study of

the formed elements, especially in their behaviour to the various staining agents now in use, dried films either on cover-glasses or the ordinary glass slip are necessary. These after being fixed by heat, dipping in absolute alcohol, or a mixture of absolute alcohol and ether, or exposure to the fumes of formic aldehyde, take the various stains well, and the alterations of shape of the corpuscles, as well as changes in their histo-chemical relations, can be studied with ease.

Ehrlich, in 1879, found that the various staining fluids in use for histological purposes might be divided into three groups, viz.:—

Acid, including picric acid, eosin, acid fuchsin, &c., &c.

Basic, such as fuchsin, safranin, methylene-blue, &c.

Neutral, such as picrate of rosaniline.

The bearing of this upon the study of blood films is as follows:—

Red corpuscles, being normally alkaline, absorb and are stained by the acid dyes (*i.e.*, they are *oxyphile*). In white corpuscles the nuclei are probably acid, for they attract the basic dyes only, and stain deeply (*basophile*). The granular protoplasm of the white cells is normally *neutrophile*, and takes indifferent stains.* In many diseases this is altered, and we have oxyphile or eosinophile white cells, and, though more rarely, basophile red corpuscles. Blood platelets are usually basophile.

Red Corpuscles.

On examining a dried and stained or even a simply dried film of blood, in addition to the ordinary corpuscle, varying from 6 to 9 μ in diameter, we find cells much smaller (*globules nains* of Hayem). In mild anæmias

* In addition to the commonest or neutrophile granulations of the protoplasm of leucocytes, called by Ehrlich the ϵ -granulations, he distinguishes four other forms:—

(1.) α - or eosinophile granulations, found especially in the coarsely granular leucocytes; from a mixture of acid, basic and neutral anilin colours, they take up only the acid one.

(2.) β -granulations, found in those cells where the protoplasm is finely granular, and which take up both acid and basic colours (*amphophile*).

(3.) γ -granulations, in finely granular cells (*Mast-zellen*), which are basophile.

(4.) δ -granulations, mostly found in mononuclear leucocytes, and are also basophile.

these often predominate. Occasionally in normal blood we find very large or giant corpuscles (*globules géants* of Hayem). In the severer forms of symptomatic anæmia these are very numerous, and in pernicious anæmia may amount to one third of the whole number. Without diminution in numbers there may be great alterations in the shape of the red corpuscles; this Quincke has named *poikilocytosis*. The variety in shape may be infinite but fusiform and tailed cells are common. Poikilocytosis without diminution in number of red cells is a feature of most moderate or half cured anæmias.

Nucleated red corpuscles are frequently found in dry preparations, especially if treated with iodine water. They resemble the nucleated red cells of the embryo and certain elements of foetal marrow and splenic pulp. They are present in leukæmia, where their number seldom exceeds 1,000 per cubic millimetre; in pernicious anæmia, and the extreme forms of symptomatic anæmia they are less numerous. In either disease they are regarded as the result of an effort made by the spleen and bone marrow to compensate for the insufficiency of the normal hæmato-poiesis.

Increase in number of *blood-platelets* is frequently observed, but, if transitory may be considered a good sign. It is more lasting in moderate anæmias, whereas in fevers of long duration, in extreme anæmia and in pernicious anæmia the number of platelets is diminished.

White Cells.

The number of white cells, ranging even in health from 10,000 to 16,000 per cubic millimetre, is much diminished in continued fevers, in extreme anæmias and in pernicious anæmia, where the number may fall as low as 2,000. (Hayem.)

Increase of leucocytes (leucocytosis) is a symptom of many morbid conditions; when merely symptomatic they rarely exceed 50,000 per c.m.m. Amongst the commonest causes of moderate and yet permanent leucocytosis are carcinomatous and sarcomatous neoplasia; here it often furnishes valuable help in the matter of differential diagnosis. In ulcer of the stomach for instance, an examination of the blood will frequently enable us to determinate between ordinary gastric ulcer (as it occurs for instance in adolescent females) where

into a very serious and sometimes rapidly fatal septic disease. The introduction of antiseptic surgery did much to lessen the immediate dangers, but any surgeon who has had to deal with cases of psoas abscess will know that the long continued drainage needed such watchful care over the dressings, that the best of house-surgeons, dressers or nurses might, from some momentary forgetfulness or lessening of what became almost wearisome supervision, allow septic invasion, and thus in a few hours undo the work of many weeks. For as long as a sinus exists, so long is there a channel open for the staphylococcus of suppuration. To obviate this danger some have advocated the aspiration of chronic abscesses and the injection into the cavity of iodoform emulsion, the iodoform being used for its supposed anti-tuberculous properties. My personal experience of this method coincides with that of most other surgeons; in some cases it seems to answer admirably, but in a considerable proportion it fails altogether; even in the successful cases the aspiration and injection must be repeated several times. Both antiseptic drainage and aspiration merely withdraw the purulent collection but leave the important granulation surface of the abscess intact. The next step was taken, I think, by Mr. Barker, of University College Hospital, who made an incision into the abscess large enough to allow free access to its cavity, and by means of scoops and spoons removed all its pulpy lining; he then injected iodoform emulsion and finally introduced a drainage tube. Since then attempts have been made, especially by Mr. Treves, of the London Hospital, in the case of lumbar and psoas abscess, to evacuate the abscess and remove its granulation surface in a most thorough manner, and then to close the cavity entirely and endeavour to get primary union. This is a great step in advance, as it reduces the dangers of sepsis to a minimum and materially lessens the period of convalescence. It is upon these lines that we have been working upon a group of consecutive cases lately admitted to the hospital, and I shall content myself with detailing these and not refer to isolated cases I have had under observation during the past few years. They are examples of three of the more usual forms of tuberculous abscess; psoas abscess, simple tuberculous abscess, and abscess due to tuberculous adenitis and peri-adenitis.

The method adopted has been as follows:—All the usual aseptic and antiseptic precautions are taken as in any other operation with regard to operating room, instruments, hands, towels and dressings. A free incision is made, when possible, from one end of the abscess to the other, the pus evacuated, and the cavity carefully explored with the finger, any bands or septa being carefully broken down. Volkmann's spoons of various sizes and shapes are then patiently and diligently applied to the whole of the surface of the abscess, which is by their means thoroughly removed, help being given by the finger in guiding the spoon to the soft spots. This part of the operation is generally accompanied by free hæmorrhage, which soon stops when the granulation tissue is taken away. Next a small sterilized gauze sponge is wound round the end of a pair of long forceps, and having been dipped in a solution of iodic hydrarg. (1-1000), the whole of the denuded surface is thoroughly and firmly wiped over. This mopping is repeated until the sponge can be brought out free from shreds of granulation tissue. The next step is prolonged douching of the cavity with hot sterile water, the glass nozzle of the douche being introduced, as far as possible, into every nook and corner of the now clean cavity. An assistant can here render great help by kneading the parts in the neighbourhood of the abscess so as to more effectually flush it out. The douching should be continued until the water returns but slightly discoloured. Then by pressure and by turning the patient into various positions, the sac must be emptied of all fluid, and the wound closed by silk-worm gut sutures introduced deeply. It is well to so arrange the dressings as to compress the walls of the cavity and thus close it as far as possible.

In gaining access to a psoas abscess the method advocated by Mr. Treves was adopted, but in these cases the spoon must be used with considerable circumspection for fear of perforating the cavity, and I have relied more on wiping and rubbing off the granulations with the sterile sponge. If after the use of the spoon there seems to be a good deal of oozing, it may in some cases be advisable to leave a drainage tube in for a few days, as in Case IV.

Where the whole of a local tuberculous mass, or

where the primary focus in some neighbouring joint or organ, together with the tuberculous abscess, can be eradicated, a permanent cure can in many cases be looked for. In psoas abscess it is but rarely that the disease can be reached in its primary seat, but we know that in cases where there is no abscess the tuberculous focus in the bone can be arrested, and so it may be anticipated that if we can remove a source of irritation like a lumbar or psoas abscess, and thus improve the tone of the patient, we shall increase his power of resistance to the bacillary invasion.

CASE I.—*Potts' Disease of the Spine, affecting the Dorsal Vertebrae ; Psoas and Lumbar Abscess.**

Rose B., aged 12, was admitted into Barton Ward, under Dr. Byres Moir, on December 13th, 1895. She had been in the hospital on other occasions for tuberculous abscesses, of which she bore many scars. She had developed angular curvature some time since, and was wearing a Sayre's plaster of Paris jacket put on at another hospital. This had to be removed as her back was very sore from pressure. She considerably improved in her general condition, and was on March 31st transferred to Durning Ward under Mr. Knox Shaw. There was then marked angular curvature, affecting the 8th, 9th and 10th dorsal vertebrae, together with an extensive lumbar and psoas abscess, fluctuation extending from the left lumbar and iliac regions to the middle of the thigh, fluctuation here being most marked in the region posterior to the great trochanter. On April 10th, under A. C. E., an incision was made in the left loin on the vertebral side of the outer border of the erector spinæ muscle, dividing the vertebral aponeurosis. The erector muscle being drawn aside, and cutting through the fascia lumborum, the lumbar transverse processes were reached, and by means of scissors the fibres of the quadratus lumborum were separated from the transverse processes. The finger now reached the psoas muscle and guided a pair of sinus forceps through the muscle to the abscess. The incision in the psoas was then enlarged and the abscess and cavity treated in

* From notes made by Mr. B. W. Nankivell and Mr. C. J. Prime, Resident Medical Officers.

the manner already described. During the manipulations the abscess in the thigh was apparently completely emptied, but it was considered best to leave it to be dealt with another time as the patient had been sufficiently long under the anæsthetic. When dressed on April 15th a stitch abscess was found, which gave some little trouble, as owing to the early removal of the stitches the wound gaped and had to heal by granulation, fortunately the temperature showed that asepsis was well maintained.

On June 2nd the abscess of the thigh was dealt with in a similar manner, an opening being made behind the great trochanter. The highest temperature recorded during the month following the operation, and that only rarely, was 99.2°. A small focus of tuberculosis apparently affected the site of one of the stitches, but this was removed and the sinus healed. On the 9th July, when she left the hospital, there was no fluctuation or swelling to be felt either in the pelvis or thigh.

*CASE II.—Pott's Disease of the Spine, affecting the Lumbar Vertebrae; left Psoas Abscess; right Lumbar Abscess.**

Henry T., a married man, aged 50, was admitted into the hospital on January 17th, 1896, under Dr. Clarke. He had been in the Lambeth Infirmary in 1887 for 11 weeks with rheumatic fever; in St. Bartholomew's Hospital in April, 1894 for influenza and bronchitis, and again in November, 1894, for pleurisy. In September, 1894, he first began to complain of pain in his back. Since January, 1895, he has been an out-patient, first at St. Bartholomew's and lately here, under Dr. Molson, but the pain getting gradually worse he was admitted into Hahnemann ward. He was then found to be suffering from a slight but definite angular curvature affecting the first lumbar vertebrae. The spine being very tender to pressure, and any movement giving rise to great pain; there was fulness and tenderness in the left lumbar region, but no fluctuation. In spite of treatment he slowly got worse, and towards the end of February a fluctuating swelling was noticed at the upper part of the thigh. This rapidly increasing, he was

* From notes taken by Mr. B. W. Nankivell, Mr. Lestock Reid and Mr. C. J. Prime, Resident Medical Officers.

transferred, March 17th, to Bayes' Ward, under Mr. Knox Shaw. Next day the abscess in the thigh, which could be felt also in the pelvis just above Poupart's ligament, was aspirated, and 84½ ounces of pus were withdrawn; an ounce of 10 per cent. iodoform was then injected. 40 ounces were again withdrawn on April 1st, when the injection of the iodoform emulsion was repeated. On April 23rd a Sayre's plaster of Paris jacket was put on, and a week later he was sent back to Hahnemann with, however, a small amount of pus in the thigh. There he remained for a month, and as he still suffered great pain on any movement, Mr. Knox Shaw saw him again, and a tense lumbar abscess in the right side being found, he returned to Bayes' Ward again for further surgical treatment. Some anxiety was felt about interfering with a large spinal abscess in a man of his age, for any failure of asepsis would be sure to be followed by most disastrous results. On June 8th, under gas and ether anæsthesia, the lumbar abscess was opened and treated in the manner previously described. On reaching the bodies of the lumbar vertebræ two loose sequestra of bone were found and removed, Volkmann's spoon being used to remove as much as possible of the softened bone. The wound completely healed under one dressing, and ran a perfectly aseptic course, the temperature never rising above 98.4°. The operation was followed by great relief to the pain. The patient is still (July 11th) in the hospital, and no trace of the abscess can be found on the right side, but there is still a fluctuating swelling on the left thigh. In this case we have had an opportunity of comparing two methods of treatment.

CASE III.—*Pott's Disease of the Spine, affecting the Dorso-Lumbar Vertebræ; Lumbar Abscess.**

Lilian W., aged 4, was admitted into Durning Ward, under Mr. Knox Shaw, on April 16th, 1895. She had been under treatment as an out-patient for two years for spinal caries and had been wearing a poroplastic spinal jacket. About three weeks before admission a fluctuating swelling was discovered in the left lumbar region. When admitted she was found to have a prominent angular curvature affecting the last dorsal and first lumbar

* From notes made by Mr. C. J. Prime, Resident Medical Officer.

vertebræ. There was a bulging fluctuating swelling in the left lumbar region with a marked impulse on coughing. The child did not seem to be in any particular pain, but she had a troublesome bronchial cough for which she had been treated at Dr. Day's clinic. On April 28th, under gas and ether, the abscess was incised as in the former case, and half a pint of pus evacuated, the abscess cavity being treated in the manner previously described. No carious spot was reached either by the finger or a probe. On May 4th the wound was dressed and found healed, the sutures being then removed. On the 15th, the poroplastic jacket was re-applied, and the child was allowed to get up, and was discharged May 30th. During the three weeks following the operation the highest temperature, once recorded, was 99.4°. Dr. Roberson Day has had the child under observation since and reports (July) that she is quite free from any abscess.

*CASE IV.—Chronic Tuberculous Abscess of the Thigh; possible Tuberculous Ostitis of Great Trochanter.**

Nellie E., aged 9, was admitted into the hospital, under Mr. Knox Shaw, April 24th, 1896. Two years previously she had been in the hospital and operated on for tuberculous disease of the wrist, and had made an excellent recovery. She had been complaining for some time of pains in the left thigh. Five weeks ago she knocked the leg, and the pain had been worse since. She has always been delicate, and three of her aunts had died of phthisis. On admission there was found in the left thigh a fluctuating swelling, situated over and a little behind the great trochanter, and extending half-way down the thigh. The skin at one part was thinned and red, but there was no pain on handling the swelling. On grasping the great trochanter, it appeared rather larger than the right, but there was perfectly free and painless movement of the hip-joint. On April 28th, the abscess was opened from end to end by an incision over the trochanter, and treated in the manner already described. Exploration revealing a second large tuberculous deposit behind the trochanter, a second incision was made to enable it to be thoroughly evacuated.

* From notes made by Mr. C. J. Prime, Resident Medical Officer.

No sinus leading to the trochanter was discovered. As there seemed to be considerable oozing from the cavity disclosed by the second wound, a drainage tube was inserted, but the primary wound was completely closed. The patient was put into a Bryant's double hip splint. The case had to be dressed the next day owing to the dressings becoming soaked with sero-sanguineous fluid. By May 6th all discharge, which was never purulent, had practically ceased, and the tube and stitches were removed. On the 1st and 3rd day after the operation the temperature rose to 99.2°, but otherwise remained normal, except for two other occasions, the 8th and 19th days, when it reached the same point. There was a little superficial necrosis where the skin was originally reddened and thinned, which made a small granulating sore and showed that it would have been wiser at the operation to have excised this portion of the skin. For various reasons, though the wounds were closed and the child able to be taken out in the garden, she remained in the hospital till July 10th, and was discharged, for safety wearing a Thomas' hip splint.

CASE V.—*Tuberculous Abscess of Neck secondary to Tuberculous Adenitis and Peri-adenitis.**

Charles W., aged 14, was admitted into Bayes ward, under Mr. Knox Shaw, on March 23rd, 1896. There was a distinct tuberculous family history. For more than two months he had noticed a swelling on the right side of the neck, about an inch below the angle of the jaw. This had slowly increased in size, until now it was the size of a pigeon's egg, there being distinct fluctuation, and the skin over it a little reddened.

On March 26th the abscess was opened, and as the inflammation had spread beyond the gland it could not be enucleated, so a very careful and prolonged use of the spoon was made, every particle of tuberculous tissue being removed. Oozing was stayed by pressure and hot sterile water. Iodoform was then rubbed in, and the wound closed by silkworm gut sutures. Being fearful lest there should be any retained fluid, the wound was dressed on March 30th, but found perfectly healed, so the sutures were removed and patient discharged April 4th.

* From notes made by Mr. Lestock Reid. Resident Medical Officer.

CASES ILLUSTRATING DRUG SELECTION BY SEQUENCE OF SYMPTOMS.

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I.

Locomotor Ataxy—Secale.

Mrs. T., æt. 52, a charwoman. For three months past has complained of catching of her feet in walking, nearly throwing her down, also loss of power in her hands, which prevents her sewing. With her eyes shut or in the dark she feels she must fall. Lightning pains dart through her sides and legs. Patella reflexes absent, her walk is distinctly ataxic, co-ordination generally affected; pupils re-act to light but not to accommodation. She complains of *muscæ volitantes*, constant headache and giddiness. Her husband has been dead 10 years; she has several grown up healthy children. There is apparently a history of syphilis, 12 years ago. From June 6th, 1894, to August 7th, she was treated with several drugs without benefit. The head became worse, with much giddiness, increased on stooping. The corners of her mouth were sore. Dyspnœa and palpitation have long troubled her.

A careful examination of the clinical history revealed a sequence of disorders that indicated *secale*, and possibly also *stramonium* and *carbo veg.*

Secale 1x was given with almost immediate benefit. In two weeks she said the lightning pains were gone, her legs were stronger and she could walk better. In a month there was improvement generally, except in the head symptoms, which caused her much giddiness, dimness of sight and pain. These were worse in a noise, and she fancied people in the street were going to fall on her. *Stramonium* 1x was then ordered. In two weeks she reported that her head was greatly relieved, but her legs were less steady. The two remedies were then given in alternation until October 2nd, when she had a severe gastric attack with much flatulence, nausea and spasms. *Carbo veg.* 3x relieved this at once, and after a week she resumed *secale* and *stramonium*. These drugs were given on and off until January 1st, 1895. Patient can

now do all her house-work and everything except scrubbing floors, the stooping for which makes her giddy. She can sew almost as well as ever. All signs of in-co-ordination have diminished, and except for occasional slight vertigo her symptoms are practically gone.

Up to June in this year the patient continued to come occasionally, and several times she has had slight relapses, but *secale* always does her good, *stramonium* relieving the vertigo, and *carbo veg.* the stomach attacks. On one occasion the lightning pains and some girdle pains reappeared, and these were relieved at once by occasional doses of *magnesium phosphoricum* 3x trit., *secale* being given intercurrently.

Two years have now elapsed since the patient was first seen, and there can be no doubt that these remedies, suggested by sequence of symptoms, have for the present arrested the disease, and rendered the poor woman's life an endurable one.

II.

Labyrinthine Disease—*Conium*.

Mrs. W., æt. 70. On October 16th, 1894, she staggered with difficulty into the consulting room, and said that two weeks before she had been suddenly seized in the night with giddiness and violent retching, since which she had suffered constant vertigo, deafness, and difficulty in walking. Patient does not look her age, and has no *arcus senilis*. She staggers in walking, but can stand steadily and with eyes shut. No ataxic signs or general loss of co-ordination, but patella reflexes seem diminished. She complains of constant headache, pains in occiput and back of eyes and frontal pressure. She is very deaf to the voice, hears watch on right side on contact only, and not at all on left. Eustachian tubes patent, examination of ears reveals nothing. Dr. Hardy, who saw the case with me, agreed as to the probability of an internal ear lesion, and suggested *gelsemium*. This was given, with perhaps some diminution of the vertigo in a week's time. It was decided to test the sequence of symptoms.

Clinical History.—Patient enjoyed good health till five months ago, when she broke down after nursing her husband who died. Since then headache and loss of sleep were followed by general weakness and prostration. Next palpitation of heart caused distress, and was

followed by vomiting and waterbrash after food. She was then suddenly seized in the night with symptoms as described.

Guided by this sequence, conium 1x t.d.s. was prescribed. In a week she returned greatly improved. She walked more steadily; vertigo, headache and sickness had ceased. She heard better, saying "her hearing was quite a treat now." Watch is heard R. on contact, and L. at $1\frac{1}{2}$ inches. The following week watch was heard R. at $\frac{1}{2}$ inch, L. the same.

After taking conium for three weeks she caught cold and had lumbago, for which bryonia was given. Afterwards conium was resumed. There was steady improvement in her hearing, the only symptom now requiring treatment. Some constipation yielded to nux and afterwards sulphur. She was last seen on January 17th, 1895, when her voice hearing was almost normal, the watch test giving $\frac{8+1^2}{60}$. She did not consider herself now at all deaf, and ceased attendance three months after her first visit.

III.

Ovarian Neuralgia—Sanguinaria.

Ethel L., æt. 22. Pain in right side 12 months. Has been attending a hospital four months, was an in-patient two weeks and was blistered on side and back, without benefit. Patient is a florid, bright woman, unmarried. The right ovary is very tender to external pressure. She describes the pain as constant aching, very distressing, and incapacitating her from active work. It is much worse at the periods and after exertion. There is also a pain over the right hip, worse in wet weather; there is no tenderness or swelling. The periods recur every two weeks, very profuse and bright, with such severe pain that she has to lie up every time. Bowels are constipated. For six weeks she was given in turn belladonna, nux vomica and hepar. Of these the last relieved the hip pain, but she was no better otherwise.

Clinical History of Case.—She enjoyed good health, and menstruation was normal until 14 months ago, when she suffered from indigestion and constipation, followed by flushing and redness of face, with constant headaches. The pain in the side then appeared and the periods became too frequent and profuse. This sequence indi-

cated sanguinaria, which agreeing well with the symptoms was ordered in the 1st dec. dil. gtt. v., t.d.s.

In a fortnight she reported great improvement. Pain almost gone. The period had just passed, less profuse, very little pain, and she had not to lie up for it. In another fortnight, sanguinaria being continued, she returned considering herself cured, and feeling better than for many months. Patient was advised to continue the remedy until after the next period, and has not returned.

IV.

Chronic Palpitation—Glonoine.

Miss H. æt. 26. Since severe influenza two years before had suffered from constant distressing palpitation of heart. Two months ago she had slight influenza, but made a rapid recovery in every way except for the palpitation which became worse. She is naturally active and cheerful, fond of tennis, and exercise. Her pulse is always 120, heart beats diffuse and tumultuous, visible throbbing of carotids, but the sounds are clear and there is no murmur. The thyroid is not enlarged. Periods regular but scanty. Walking slowly does not increase palpitation, but singing, any exertion, any emotional disturbance, even going to church or a hearty meal, bring on violent beating.

During two months she took nux, belladonna, and thyroidin without effect. Then sequence of symptoms was minutely investigated. This showed that the violent attacks usually commenced with heat and flushing of face, with increasing throbbing in the left side of chest, which makes her feel nervous and apprehensive; then there is feeling of indigestion and discomfort in the stomach, with trembling all over and distress if she moves. After sitting quiet for a time this generally passes off.

The sequence indicating glonoine, which agreed with the symptoms, pilules of the 6x dilution were given, sufficient for a month, as the patient was leaving Bournemouth. In four weeks she wrote to say she had finished the pilules and was now very much better; she hardly ever felt her heart, was playing tennis, singing, and taking long walks, and had not felt so well for many months.

SOME UNUSUAL NASAL CASES.

By DUDLEY WRIGHT, M.R.C.S., L.R.C.P.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to
the London Homœopathic Hospital.

Fibroma of Nasal Septum.

A MIDDLE-AGED woman came to the out-patient department of the Hospital a few months ago complaining of complete obstruction of the nose, which had been coming on for some months. There was no pain or bleeding, but some slight nasal discharge of clear, watery nature occasionally occurred.

Owing to the obstructed nasal respiration, breathing was entirely oral, and, consequently, dry mouth and throat were much complained of. There was slight deafness owing to Eustachian catarrh.

Examination showed that the entrance of both nasal meatuses was blocked by a smooth, rounded swelling, which projected on either side from the septum, and was in contact with the outer wall of the passage. The mucous membrane covering the swelling was slightly redder than natural, but it did not bleed readily on probing, nor did this manipulation cause pain. The swelling was somewhat hard and resistant, but not quite so much so as an ordinary cartilaginous tumour.

The patient was admitted into the hospital, and under an anæsthetic the swelling was sawn off on both sides, so as to make a clean passage through the nose. It was found that it extended backwards about $\frac{3}{4}$ inch and upwards as far as the middle turbinate. It was sawn through very easily, indeed, it almost crumbled away on section. There was a considerable amount of hæmorrhage, but this was controlled by pressure.

Convalescence was rapid and uninterrupted, and the patient was discharged in a week, and when seen again, three weeks later, healing was complete and it was found that a free nasal passage had been established.

Hæmatoma of Nasal Septum.

The patient was a boy who, a week previously, had received a blow on the nose. The blow was by no means a hard one, and had at the time caused him

but little inconvenience, but was shortly followed by obstruction of the right side of the nose.

On examination, no bruising of the parts was to be seen, nor was there any sign of fracture of the nasal bones. The right nostril was completely occluded by a smooth oval reddish tumour, which was easily made to dimple on pressure with a probe.

A small puncture was made into it with a tenotomy knife, and pure blood escaped; but this made but little difference to the size of the swelling.

Hamamelis tincture in drop doses, and boric acid powder inflations were prescribed.

The patient did well. No suppuration occurred, and in six weeks' time the tumour had so much diminished in size that respiration through the obstructed nostril was possible when the opposite side was closed, and up to the present there has been no deformity of the nose produced.

Cysts of the Nasal Passages.

In the majority of text books on diseases of the nose cystoma of the nasal meatus are stated to be of extremely rare occurrence. Bosworthⁱ says that he has been only able to collect three recorded cases. Lennox-Browneⁱⁱ has met with two. Spencer Watsonⁱⁱⁱ reports three cases, two of which occurred in his own practice, and one in that of Dr. George Johnson.

Such growths may arise from cystic degeneration of mucous polypi, or from a similar result in adenomata of the nose. I have met with one case of cystic degeneration of a mucous polypus, by which a unilocular cyst of the size of a bean was formed in the case of a woman. I have also seen two cases in which a large cyst, formed apparently of mucous membrane, hung from the middle turbinate body, which on removal was found to contain pus, and to have the lining membrane studded with millet-seed gelatinous polypi.

In one of these cases, empyema of the frontal sinus of the same side was present, and was operated on later; and in the other I had reason to suspect a similar state of affairs, but the patient passed out of my hands, owing

ⁱ*Diseases of the Nose and Throat*, vol. 1., p. 429. ⁱⁱ*The Throat and Nose and their Diseases*, 3rd edition, p. 607. ⁱⁱⁱ*Diseases of the Nose*, 2nd edition, p. 75.

to travelling engagements, before I was able to ascertain the exact state of matters. Both these patients were females, the one with frontal sinus disease being 18 years of age, and the other 27 years.

There is a third kind of cyst met with in the nasal passages—to wit, a bony cyst, which from recorded cases appears to be extremely rare.

The only references I can find to cases of this nature are, one by Zuckerkandl, who in his work on the Normal and Pathological Anatomy of the Nasal Cavity, has figured a bony cyst of the middle turbinate, and another by Stieda,* who met with two cases of bony cysts with purulent contents. The first was that of a young girl who had her nose blocked up with two cysts, one the size of a hen's egg, the other the size of a cherry. They communicated with each other, and were filled with pus. In the second, a bone cyst originated from the middle turbinate body on both sides.

I have met with one undoubted case of such bone cyst of the nose. It occurred in an elderly lady sent to me by Surgeon-Major Deane. She was complaining of nasal obstruction, and I found the right nostril blocked with nasal polypi, which I removed, and on the left side was what, on first sight, I took to be a large solitary polypus, filling the nasal passage, but whose fixity and denseness on probing led me to investigate more closely. I was unable to make up my mind as to its nature until I had passed a stout wire snare round the growth, and by this means removed it, the snare in cutting through it giving the sound and sensation of cutting through a bony case.

On its removal I found I had taken away the whole of the middle turbinate, which was expanded into a large monolocular cyst, having the size, and very much the shape, of a Brazil nut. It was covered externally by mucous membrane, then a layer of bone lined on both sides by periosteum, and the innermost coat of all—viz., that lining the cyst—was composed of a soft, gelatinous membrane studded over with numerous polypi.

It is not easy to see how these cysts are formed. I suppose it is possible that there is originally a defect in the development of the middle turbinate, by which a

* *Arch. für. Laryngol.*, iii., p. 389. Abstract in *Arch. of Otol.*, vol. xxv., p. 224.

piece of mucous membrane becomes included between the lamellæ of the developing bone, and that the accumulation of mucus in the cavity so formed gradually distends the bone and forms a cyst. Where some other part of the outer wall of the meatus is the starting point of the growth, it is possible that the formation might be accounted for by the distension of one of the ethmoid cells which had become shut off from its neighbours for some cause.

CASES ILLUSTRATIVE OF ABDOMINAL SURGERY.

By EDWIN A. NEATBY, M.D.

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

THE cases which follow are intended to illustrate some of the spheres in which operative surgery of the abdomen can be usefully applied. I have gone more fully into detail than is usual in describing such cases, giving both the general state of patient's health and feelings (and the course of the ailment where possible), and the local condition. In the most typical and easy cases they have recovered without any bad symptoms, but where there has been any draw-back to the patient's progress, a note and description of the hindrance has been given. The cases related are selected as illustrating the following operations and conditions:—

1. Removal of Uterine Appendages.

- (a) For pelvic inflammation.
- (β) For dysmenorrhœa.
- (γ) For fibro-myoma.

2. Ovariectomy.

- (a) For simple cyst.
- (β) For dermoid cyst.
- (γ) For broad ligament cyst.

3. Abdominal hysterectomy.

- (a) For fibroid of uterus.
- (β) For sarcoma of do.

4. Exploratory operations.

- (a) For pelvic inflammation.
- (β) For hydroperitoneum.
- (γ) For doubtful malignant disease.

5. Supra-pubic cystotomy.

- For villous growth of bladder.

6. Nephrolithotomy.
7. Abdominal section.
For tubal gestation.

CASES OF REMOVAL OF UTERINE APPENDAGES.

(a) *For Chronic Inflammation.*

S. C., [1 B.] æt. 48, married, no children, was sent to me in April, 1894, by my friend Dr. Molson. Patient's chief complaints were pain in the right iliac region and weakness. She dated her illness from an attack of enteric fever in 1892. Since then menstruation has been increasingly profuse and painful. The menstrual pain is in the right iliac region through to the back and extends down the right leg. It is of a dull aching character, hot and deep. If fatigued, throbbing extends through from front to back. The pain is extremely severe the first two days of the period; it does not entirely go away during the intervals. She suffers from morning diarrhœa, headaches and slight leucorrhœa.

On examination the uterus was found to be large, the right *cul de sac* contracted, and, in Douglas pouch, an elastic tender elongated body was felt. The right ovary was felt apart from this, which was diagnosed as a slight hydrosalpinx. Its frequent variations during the next 20 months, both in size and sensitiveness confirmed this diagnosis.

In 1895 she had two attacks of what was said to be pelvic peritonitis, keeping her in bed for several weeks at a time. In December she came into hospital for removal of uterine appendages from which she recovered without any drawbacks. The ovaries were small and cirrhused, the tubes thick and dilated, especially the right. In June 1896 she reported herself as better and able to walk further than for years.

Remarks.—The case of S. C. is a typical one of sub-acute oöphoritis and salpingitis with slight occasional hydrosalpinx. The recurring attacks of peritonitis, so commonly met with in these cases, was also present.

*For Pelvic Inflammation.**

F. L., æt 30, married, four children, one miscarriage, entered the London Homœopathic Hospital as in-

* From notes, by Dr. J. R. P. Lambert, formerly House Physician to the Hospital.

patient, July 26th, 1894. The patient complained chiefly of dysmenorrhœa; the period lasted from four to five days, and occurred from one to four weeks. The quantity was excessive, very dark at times and clotted. Nausea and vomiting also during catamenia. Patient had pain always, chiefly in the left side, and worse during the catamenia: it seemed to shoot upwards, like knives, and was alleviated by warmth. There had been constant frontal headache, which was also worse during the catamenia.

There was constant desire to pass urine, with dysuria, about twice during the night and three or four times by day. Bowels were regular.

Patient also frequently had hot flushes and vertigo, often having to hold on to something to keep from falling.

Confinements had been easy except the last one, one year and seven months ago, which was preceded and followed by hæmorrhage.

On examination there was found a tender mass in the left cul de sac, also an elongated thickening in Douglas' pouch.

She was an in-patient for six weeks, and was treated with glycerine and ichthyol tampons and a variety of medicines, but nothing seemed to give her more than temporary relief. After a short period at the sea-side, she was admitted into another institution under my care, the wards of the hospital being then full. It was decided to perform abdominal section for the removal of the diseased structures. The operation was not accompanied by any unusual difficulty. The ovaries were large and the tubes dilated, but contained no pus. The operation was performed early in the morning, between 10 and 11 o'clock; when I called in the afternoon about 4 o'clock I found the patient blanched, sighing, restless, perspiring and semi-collapsed. On looking at the dressings they were found saturated with bright blood—the signs of hæmorrhage having been overlooked by the attendants. As quickly as possible the abdomen was re-opened; the pedicles were examined and the ligatures found in situ. After cleansing the abdomen of liquid blood and clots it was possible to inspect the remains of the broad ligaments. On the right side a rupture was found behind, that is, on the proximal side of, the ligature. A pair of forceps was put on and left. In spite of careful subsequent

washings out, of stimulants and medicines, the patient did not rally from the shock of the hæmorrhage.

Remarks.—Had attention been called earlier to the patient's condition, I feel sure her life might have been saved. An accident of this kind I have not seen noted elsewhere, but it is not the only experience of the kind that I have had.

In the case of Mrs. B., operated upon for simple ovarian cyst by a colleague, I was called upon to open the abdomen in his absence under circumstances similar to those just narrated. The same condition was found; an immense amount of blood had been lost, but less than in the former case, and the patient was more robust. The same treatment was adopted, and with the kind assistance of Dr. Day (who had anæsthetised) transfusion was performed, $3\frac{1}{2}$ pints of saline solution being injected into the veins. The patient made a good recovery.

This accident is more likely to happen when from any reason the pedicle is thick or short, or where a varicose condition exists. In a recent case, in which I removed the uterine appendages for hæmorrhage, in the case of a myoma, it was found after removal that oozing was going on. The broad ligament was rendered tense by the upward pull of the tumour, and the tightening of the ligatures had caused a rupture of the tissues behind the point tied. Before closing the abdomen this tear was stitched up with fine continuous silk suture. The case gave no trouble subsequently. These experiences have made me very careful to examine, before closing the abdomen, both the distal and proximal side of the ligatures.

(β) *For Dysmenorrhœa.*

D. G. [47 B] æt. 19, single, came to the out-patient gynæcological department of the London Homœopathic Hospital, September 1894, on account of dysmenorrhœa. Menstruation began at 16 and her pain came on gradually, beginning about 6 months after the initiation of the function. The period was regular every 4 weeks and moderate in quantity. The pain used to begin with the flow, or a few hours after, was excessively severe for 24 hours and left her very weak. It was described as dull in lower part of abdomen, with paroxysms of pain

shooting up to the waist and down the right thigh. The pain made her perspire and feel sick.

She was dark and sallow, complained of headache over the eyes, worse from excitement and fatigue, of depression of spirits, palpitation, shortness of breath and occasional faint feelings. For a time her general health improved under nat. mur., merc., secale, cocculus and calcarea, but no medicine relieved the pain. For a time relief was afforded by the use of intra-uterine electricity (galvanism) up to 40 or 50 milliamperes, carried out for me by Mr. Lestock Reid, late House Surgeon, but this was only temporary. Dilatation of cervix was not followed by improvement. The pain gradually became worse, and affected the general health; she lost appetite and flesh and was becoming rapidly deaf.

On vaginal examination, the ovaries were both found to be large and the left was prolapsed. After consultation with the hospital staff, removal of the appendages was decided upon, and was carried out on April 25th, 1896. The patient made a smooth recovery and is already better in every way, the deafness even being less marked.

Remarks.—This case was one of those unsatisfactory cases of menstrual pain coming on at or near the development of puberty. None of the measures used, therapeutic, hygienic and dietetic, did permanent good, though assiduously carried out by the patient for a period of 19 months. In cases such as this the most ardent supporters of medicinal and conservative treatment recognised the advisability of radical surgical measures.

(Removal of Uterine Appendages and Hysteropexy.)

(γ) *For Fibrosis and Retroflexion.*

R. G., [27 F.] (sent to me by Mr. Fk. Shaw, March 11th, 1896), aged 39, married 20 years, had had two miscarriages, followed by two confinements. Menstruation recurred every three weeks, occasionally every 14 days, always profuse, bright, with clots and offensive, preceded by seven days' pain, continuing for four days of the period. This pain, of severe aching nature, is in left lumbar region and groin and down left thigh, but not in the abdomen. Patient micturates painlessly every hour or two in the day, not during night. Bowels constipated; hæmorrhoids, but no hæmorrhage. Present condition:

Dark, florid, flushed, gaining flesh; has pain in left side and rectum. Examination showed uterus retroflexed, and right tube thickened. Distinct hard nodules in the fundus showed commencing fibrosis of the uterus, and enlargement of the right ovary was also found.

The patient, not having made much improvement, and not being able to get about easily, towards the end of May an operation was judged necessary and was carried out, with the assistance of Mr. Frank Shaw, at the Buchanan Cottage Hospital, St. Leonards-on-Sea.

The appendages were removed, and the uterus stitched to the abdominal wall. The patient made a good recovery, and reports herself much better.

CASES OF OVARIOTOMY.

(a) *For Simple Cyst.**

J. T., kindly sent to me by Dr. Simpson, of Glasgow, aged 58, single, came under observation November 25th, troubled with enlarged and rapidly increasing abdomen. Menstruation, which had ceased at 50 years of age, had been regular, lasting five or six days, red, with clots occasionally, but no leucorrhœa; for a year or two before the menopause, menstruation had been profuse and irregular. Up to 25 years of age the monthly period had been accompanied by pain, often severe at onset in the hypogastrium and lower part of back, sometimes with sickness; after that age menstruation had been almost painless. At 25 she found her abdomen painlessly and gradually enlarging, which continued for about six or seven years, then she was suddenly seized with pain on right side "like a stitch," felt very ill, and began passing a great quantity of water, very pale and clear; this ceased at the end of two days, when her abdomen was quite flat; she felt weak for some months after; she thinks she must have been her present size just before this. For five or six years she had no further trouble, then in 1871 she noticed her abdomen enlarging again. In $3\frac{1}{2}$ years she was quite as big as before, and once more (this time quite painlessly) the whole of the swelling disappeared in the course of a day or two with copious diuresis, again leaving her very weak. After another five years of freedom, in 1880 similar enlargement of the abdomen was again notice-

* From notes taken by Mr. Lestock Reid, late House Surgeon.

able, again disappearing painlessly in 1886, but though the greater part of the swelling disappeared in a day or two, its total disappearance did not take place till three or four months had elapsed. In 1893, for the fourth time, the abdomen enlarged painlessly but more quickly; this induced her in six months' time to consult Dr. Simpson, who gave her medicine which for the time reduced the swelling considerably (without diuresis), but despite treatment the swelling once more increased, and as she had had dyspnoea and faintness, Dr. Simpson tapped the swelling, removing 7 quarts of dark-coloured fluid. This operation was repeated in March and August—twice within a few days, some 5 quarts of brown fluid being removed; on the last occasion the enlargement having returned and the patient declining operation, I removed 144 ozs. of fluid by the aspirator; it was a thick, dirty, brown-looking fluid, highly albuminous, containing red and white corpuscles and some larger granular non-nucleated cells.

Condition on Admission: Has lost flesh lately; with the exception of some emphysema of the lungs, the thoracic organs are healthy; arteries thickened; liver not enlarged; abdomen is bulging, somewhat uneven in contour. Its greater part is occupied by a smooth tumour extending from the pubes to within eight inches of the ensiform cartilage, and reaching on the left side to a level with the anterior superior iliac spine, and on the right side to an inch-and-a-half from the same level. On either side, at the margin of the tumour is a sulcus, outside which bulge out the flanks. On palpation, the swelling is soft and fluctuating and dull on percussion. A fluid wave can be felt all over the dull area. The dulness moves somewhat when the patient turns on one or other side (indicating flaccidity of the cyst, due to the recent tapping), and the upper limit varies according to the size of the stomach. The distance between umbilicus and anterior superior iliac spines is one inch greater on the left side than on the right. Circumference of abdomen at umbilical level is 36 inches. Uterus mobile, nothing to be detected in either vaginal fornix of the tumour. Urine sp. gr. 1020, acid, contains no albumen and no sugar.

On December 3rd, under gas and ether, I opened the abdomen by a median incision and found a large cyst

of the left ovary. There were very few adhesions; the peritoneal cavity was washed out with warm, sterile water, and a drainage tube was used. When the drainage tube was removed the patient gave a violent start, and a piece of omentum prolapsed through the opening; it was at once dried, sprinkled with iodoform and returned. Patient made an uninterrupted recovery, and was discharged well on December 27th.

Remarks.—The chief feature of interest in this case is the repeated disappearance of the fluid on several previous occasions. Whether the early enlargements were due or not to the ovarian cyst it is impossible to say certainly. At any rate they were sufficient to obscure historically the diagnosis, and to compel one to rely only on the physical signs for a diagnosis. The disappearance, if it occurred as described, of an accumulation of fluid, whether encysted or free, so large and so rapidly is not a little remarkable.

The prolapsed omentum did not cause the slightest delay in convalescence. In a case like this the advantage of strict asepsis is strikingly illustrated. An accident such as this in the old days would almost certainly have been followed by systemic disturbance. I call to mind another case, operated upon by Dr. Burford for me, where the patient made some unusual movement and experienced pain in the wound. On removing the dressings in the middle of the night, I found a piece of bowel prolapsed. It was returned and a stitch inserted and no untoward result followed, showing again the tolerance of the peritoneum of clean traumatism.

(β) *For Dermoid Cyst.*

M. H.,* æt. 25, married, no children; admitted to the London Homœopathic Hospital October 24, 1894, and transferred to me by my colleague, Dr. Burford. Patient complained chiefly of gradual enlargement of the abdomen for the last five years. No symptoms at all from first to last. Catamenia regular. Bladder and bowels regular. Patient complains of pain during the period, which lasts all the time, worse the first two days, and aching, more in the supra-pubic region.

* From notes by Dr. C. Wheeler, late House Physician to the Hospital.

On examination the abdomen was found to be much distended, more to the right, by an apparently unilocular cyst containing no obvious solid elements. Thrill is communicated equally in all diameters. Flanks resonant. Upper level of dulness four fingers above umbilicus. Small nodule felt at the level of the fundus uteri to the left.

On November 10th the abdomen was opened, and a large non-adherent cyst was found, containing hair and plates of bone, showing it to be of a dermoid character. This was easily removed, and the patient made a good recovery. A drainage tube was used.

(γ) Double Broad Ligament Cyst.

S. S.,* aged 40, single, brought to me by Dr. Cavendish Molson, on December 13th, 1895, suffering from metrorrhagia. Menstruation, which had commenced at 17, was regular and scanty, lasting three to four days. She had fallen down 14 months ago and hurt her left side, three days after the termination of a period. The day following metrorrhagia had come on, bright red with clots, continuing for four months, with perhaps one or two clear days in that time. During the next seven or eight months she only menstruated three times. Metrorrhagia re-commenced two months since, and continued until six days ago. She had never had much pain during menstruation. For the last year she has had aching pain in the left side and left groin, relieved by rest and warmth, worse after exertion; has lost a good deal of flesh. Bowels formerly confined, but relaxed for the last two months; defæcation is sometimes painful. Present condition: Pale; lungs healthy; heart slightly irregular; pulse 64, second sound reduplicated at left base, systolic murmur at apex. In left iliac region is a tumour about the size of a cocoa-nut, reaching down into the pelvis, covered with intestine. The uterus is somewhat enlarged, high up, and lies forward. It can readily be felt bi-manually above the pubes; cervix high up. In left fornix a cystic tumour is felt, somewhat closely connected with the uterus, and extending round behind the uterus a smaller mass can be made out higher up in right fornix. A small nodule, the

* From notes taken by Mr. Lestock Reid, late House Surgeon to the London Homœopathic Hospital.

size of a cherry is to be felt in the uterus about 1 inch to the left of the cervix.

On December 17th, under gas and ether, an abdominal incision was made in the middle line. A cyst about the size of a cocoa-nut was found on the right side in the broad ligament. It was tapped, the peritoneal capsule opened and peeled off the cyst. Separation was difficult owing to the closeness of the adhesions, some of the fibrous tissue of the cyst wall coming off with it. The cyst wall was separated and removed, the capsule being stitched to the wound. The cyst on the left side was then brought up into the incision, but could not be treated in a similar way, its wall being too dense to separate into layers, hence the upper part of the cyst was cut off, its contents evacuated, and its opening stitched to abdominal incision, cutting off any communication of the cyst with the general abdominal cavity. The cysts were packed with iodoform gauze. The uterus was then stitched anteriorly to the abdominal wall, a drainage tube put down into Douglas pouch, and the peritoneum having been washed out, the incision was closed. Patient made a good recovery, and was discharged January 21st, with the sinus closing up nicely. I owe my thanks to Dr. Burford for his kind help in this tedious operation.

ABDOMINAL HYSTERECTOMY.

(a) *For Uterine Myoma.*

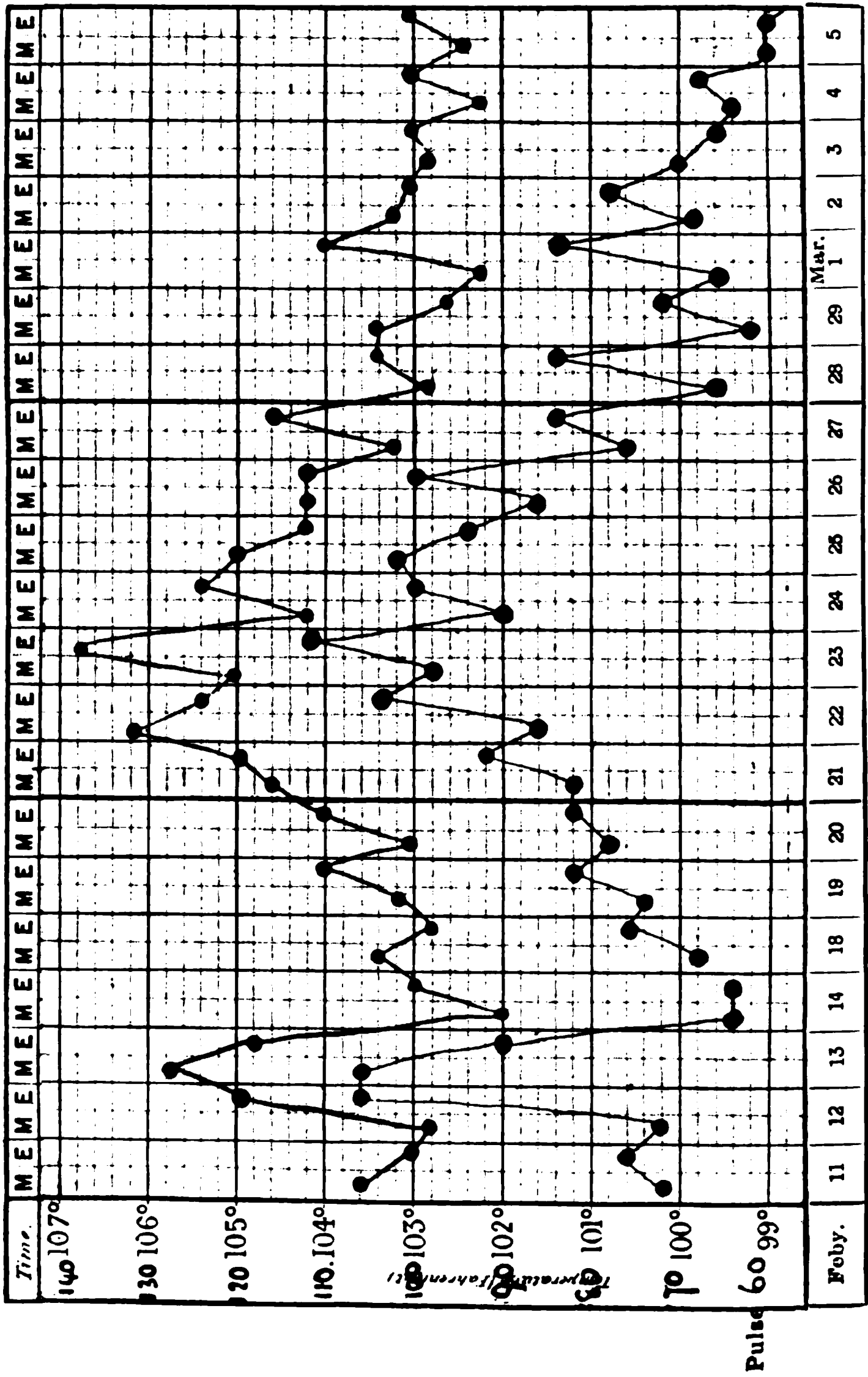
E. O.,* aged 46, single, sent to me in April, 1895, by Dr. Moir, who suspected the existence of some pelvic cause for the anæmia from which the patient was suffering. Menstruation commenced at 16, recurring regularly, lasting 7 days, profuse, bright red with clots, hardly any pain. It remained of this character until 10 years ago, when the menstrual loss rather suddenly became considerably increased, the period still regular in recurrence, lasting from 7 to 14 days. This menorrhagia has persisted ever since, and the last 12 months has become increasingly watery. At no time has there been much menstrual pain. Leucorrhœa, yellow, bland, for a few days before

* From notes by Mr. Lestock Reid, late House Surgeon to the London Homœopathic Hospital.

the period. For some time the menorrhagia had little effect on her general health, but for the last five years she has been getting progressively weaker, and for the last two years she has been short of breath on any exertion, with frequent palpitation, and after the last menstrual period her feet and ankles were swollen and painful for some time. Patient has attended the out-patient department for the last eight months, but has not improved in health. The last three menstrual periods she has kept in bed, but without any very marked benefit. During this time she has had painful semi-solid swellings of both calves.

Present condition: Pale, no emaciation, lungs healthy, heart regular, systolic murmur at apex and at base loudest over pulmonary area. The lower half of the abdomen is occupied by a hard, irregular tumour, extending from pubes to just above umbilicus; on the right side to just beyond the level of the anterior superior iliac spine, and on the left side not quite reaching to that level. It is not tender, is dull on percussion over median portion with resonance over the lateral parts. It does not fluctuate, and there is no fluid in the peritoneum. Cervix high up to back of vaginal vault; hard mass of tumour felt in front of cervix. Pressure on the tumour externally is communicated to cervix, and *vice-versâ*. Per rectum hard irregular surface of tumour felt. Urine 1022, acid, clear, no albumen, no sugar. On January 29th, under gas and ether, an abdominal incision, about 6 inches long, was made in the median line. On the peritoneum being opened, the tumour bulged into the wound, it was turned out from the abdomen, there being no adhesions. As its lower extremity formed a moderate sized pedicle, a piece of rubber tubing was tightly tied round it, and it was also transfixed and ligatured with stout silk, then the tumour was cut off immediately above the pedicle, which was brought into the lower angle of the wound, being transfixed by pins. A drainage tube was placed in Douglas' pouch, emerging just above the pedicle. Hardly a drop of blood was lost throughout the operation, and there was very little shock.

During the first week good progress was made, locally and generally; the temperature rose on the 3rd day to 101°, and on the 5th the pulse was 116 for a short time,



ABDOMINAL SURGERY.

In the first week both were under treatment and there was no distension. The patient did not seem so well, had continued diarrhoea and a vacant stare. She complained of pain in the right side. Pleural friction was heard. The pedicle was cut away with tinct. iodi. and water. There was no weight, faecal and urinary incontinence. On examination fluid was removed, but the temperature rose and then came down again. Three weeks were well taken.

Her condition had much improved. She could get up. Two days later the temperature rose to 104°.* Delirium and relaxation of the bowels occurred. By March 5th she had gained some strength, and after a few days was able to get up better, and after a few days more strength, and left the hospital on

April 1st. The chief medicines used were croton, bryonia and castor oil. These were always encouraging.

For Sarcoma Uteri.

[Case vii.] æt 39, single, came to the Hospital in July, 1891, with severe abdominal pain from which she had suffered for 2 years. This pain did not prevent her abdomen from enlarging, and she continued her work (as a nurse), which involved much standing.

Her general condition was fairly normal and not accompanied by fever. There were bland leucorrhœa and constipation with thick urine of high specific gravity.

On examination the abdomen was seen to be enlarged in the middle line to the level of the umbilicus, and the ensiform cartilage was prominent on percussion, and presented

* See chart.

imperfectly communicated. The flanks were clear. The uterus was dragged up out of reach. After I had examined her she told me she had been to a celebrated Birmingham gynecologist, who subsequently was good enough to report to me as follows:— "Miss B. had a large soft multiple myoma, opening up the broad ligaments and had the bladder growing considerably in front of it. One large mass was got outside but had to be replaced as it could not be removed; one mass, too, was punctured by a trocar, as it felt as if some fluid were therein. It was altogether a most unsatisfactory case, and I very much regretted that nothing more could be done."

By October the size of the abdomen has increased two inches; the feeling of distension varied, being most before menstruation.

In February, 1895, the patient was worse every way, abdomen larger, more pain, more dysuria and pyknuria, more dyspnoea and some œdema of feet. The quantity of urine is sometimes scanty. In April she had an attack of bronchitis, keeping her in bed a week. The condition was getting worse—she was almost unable to get about.

At patient's urgent request it was decided to explore the abdomen.

On May 25th, with the able assistance of Dr. Burford and Mr. Johnstone the abdomen was opened. Very extensive matting and adhesion were found; the upper extremity of the growth was found to extend upwards into the right flank. The operation was so lengthy and adhesions so dense that it was impossible to remove the whole of it. At a narrow part it was tied off and dropped back like a pedicle into the abdomen. A good pedicle was formed below and stitched into the abdominal wall. The front part of the tumour was found to consist of a large cyst, which contained 140 ounces of fluid.

A gauze drain and glass drainage tube were inserted and removed on the 3rd and 4th days. There was a good deal of shock for which the administration of oxygen was used. On the second day the pulse was 148 and the temperature 101.4. After the administration of crotonus the pulse improved, and in 24 hours had reached 100.

The pedicle was slow in completely separating, and

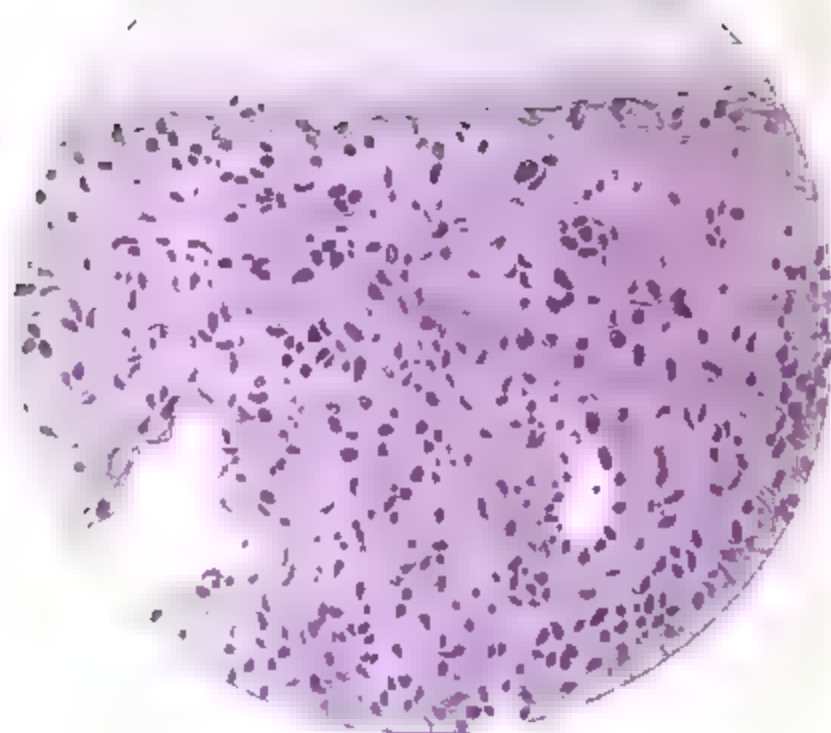


Fig 1 Sarcoma of Uterus

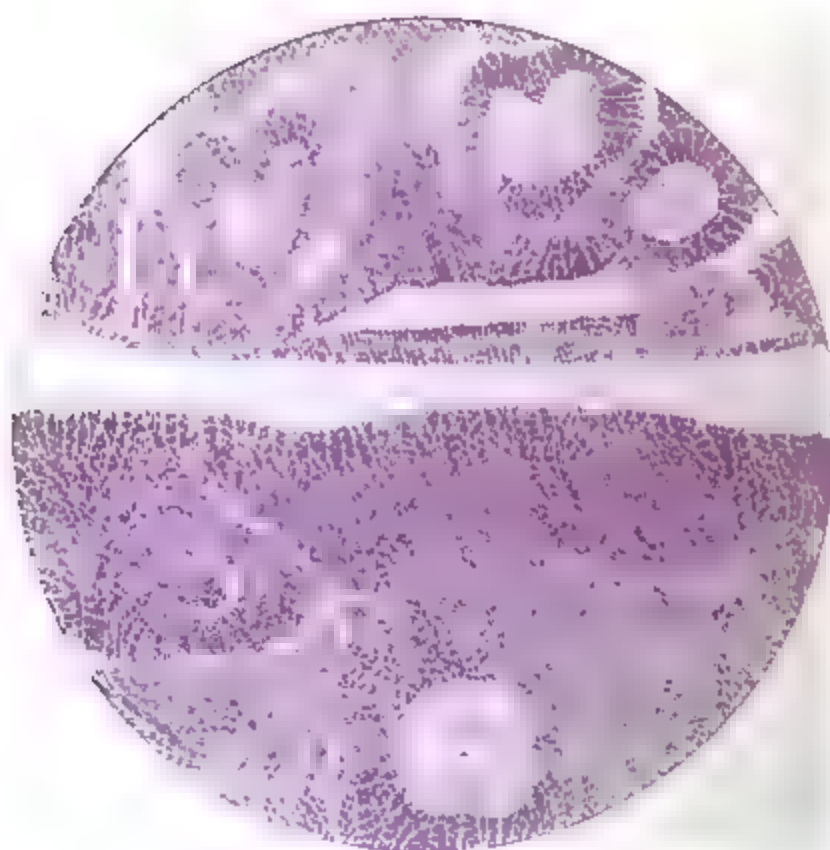


Fig 2 Papilloma of Bladder

while dressing the sinus frequent free hæmorrhage occurred. The recovery was good.

Remarks.—The patient's earnest wish that "something should be done," and her express acceptance of the risk, induced me to consent to operation in a doubtful and difficult case. It was clear that she would get worse without help and possible that she might get help from operation. It was evident that the patient's well-being must be put before the surgeon's mortality average.

The microscopical examination revealed the depressing fact that the tumour was of a malignant nature. It was a sarcoma, composed of oval and spindle-shaped cells. In consequence of their infiltration of the muscular tissue of the uterus, the section has a somewhat alveolated appearance. The cyst presented no special lining membrane, and had thus resulted from a mucoid or other degenerative change in a portion of the growth. This is seen in Fig. 1.

As was expected, a relapse, or rather a continuance of growth from the upper portion left has taken place. When this portion was left it was thought that the tumour was innocent. The growth has spread across the abdomen and a largish cyst has again formed. Nevertheless in July, 1896, patient was in full work and much more comfortable than before the operation.

Menstruation returned 3 months after the operation.

The matted condition of the parts caused it to be impossible to say if the growth were intra- or retro-peritoneal, at the time it was thought to be a uterine myoma.

EXPLORATORY OPERATIONS.

(a) *For Supposed Deposit Around and Disease of Appendages.*

In July, 1894, Mrs. S. came to the London Homœopathic Hospital on account of pain in the left side of abdomen and fever. She menstruated excessively, and had had vomiting and diarrhœa. She gave a history of having had, six years previously, while in the South of Ireland a bad illness, followed by a pelvic abscess which discharged (by the vagina) a very large quantity of pus. On examination, the vagina was roomy and hot. The uterus was forward but almost fixed. In the left fornix a lump was plainly felt, which was isolated by bi-manual examination. It was hard and tender.

After watching Mrs. S. for some days I decided to make an exploratory incision, and on July 18th, 1894, assisted by Mr. Knox Shaw, I opened the abdomen by a central incision. The left broad ligament was enlarged and filled by an inflammatory deposit, which formed a bulging mass as large as an orange. It was non-pedunculated and would have required a lengthy and risky shelling out, involving danger to the ureter. Mr. Shaw agreed with me that it would be better to leave it and, if necessary, open later from the vagina. The patient made a smooth recovery and lost her pain. When I last saw her she was able to get about with comfort and had had no subsequent attack. On examination the swelling in the left broad ligament was greatly lessened in size.

(β) *For Hydroperitoneum.*

L. C., aged 40, sent to me by my colleague, Dr. Robertson Day, on account of enlargement of the abdomen.

On admission the following notes were taken by Mr. Lestock Reid, late house-surgeon. Before marriage she had a small abdomen, but after her first confinement the abdomen remained much larger and more prominent than it should, and with each successive confinement the abdomen has remained larger. For the last two years, however, the abdomen has been enlarging more rapidly than before, and its great size hinders her in doing her work. She has very little pain, but when lying on one side has a dragging pain on the other side. Sleep is disturbed by restless dreams. Has not lost any flesh. Menstruation commenced at 12½ years, regular every 28 days, lasting six or seven days, rather profuse. Latterly menstruation has been dark, offensive, acrid and profuse, coming in gushes; always regular; always leucorrhœa, dirty white, moderate in quantity, but for the last year it has been more profuse, brownish, offensive and acrid.

Urine: Sp. gr. 1016. Acid, no albumen.

Condition on admission: Very fat; face florid; chest, lungs and heart healthy. Abdomen very prominent in front, especially at lower part, with a little bulging of the flanks, walls rather fat at sides.

On palpation a thrill can be felt in parts, but is not readily obtained from side to side; when the patient lies

on her back, the central higher portion of the abdomen is resonant, the upper, lower, and lateral portions being dull on percussion. When the patient turns on to the side, the dull area shifts to the more dependent regions. The abdominal walls are not tense.

When the patient lies on the left side, a nodulated hardish mass can be felt in the abdomen on the right side, slightly tender to palpation. Per vaginam the cervix can just be reached rather to the left side.

On March 24th the abdomen was opened. The anterior part of abdominal wall was thinly covered with fat. The recti were separated, and not seen; fascia transversalis enormously thickened, giving appearance of cyst wall, the peritoneum also thick. After division of peritoneum, which was at first mistaken for a flaccid cyst, yellow fluid and gelatinous material and membranous shreds escaped.

After thorough examination with the whole hand in the abdomen no tumour or other gross lesion could be discovered. The peritoneum, chiefly parietal, was thick and covered with greyish-white irregularly distributed patches. A small portion was removed for microscopic examination. A gauze drain was left in pelvis. The peritoneum and fascia were closed with a continuous suture. Microscopic examination of the section showed only fibrous thickening of the peritoneum.

The gauze drain was removed on the third day, and the patient made an uninterrupted recovery. Early in July she reported herself as being much more comfortable, she looked much smaller and there was no obvious re-accumulation of fluid.

Remarks.—The following points were considered when the diagnosis was under discussion:—

(1). Shape of abdomen, that is, anterior prominence markedly accentuated on coughing.

(2). Thrill at lower part of abdomen not communicated transversely.

(3). The ill-defined sense of resistance on right side, described as a mass in the notes.

(4). The movable dulness on percussion.

These all appeared to indicate the presence of encysted and free fluid in the abdomen. There was no cardiac or hepatic disease to account for the presence of free fluid, hence some local cause was sought to account for it.

Malignant abdominal disease afforded the simplest explanation, but the patient's general condition appeared to put this out of court.

The suggestion made by Dr. Burford, of a papillomatous cyst of the ovary or broad ligaments—a semi-malignant condition—appeared to reconcile the conflicting features.

The same explanation would account for an attack of peritonitis she had eight months previously, and for the drawing up of the uterus out of reach, the offensive acrid leucorrhœa and the presence of the intestines in front of the cyst. With this, or a kindred diagnosis, all the members of the staff present at the consultation concurred.

The fundamental reason of the error in diagnosis was the mistaking of the physical signs for those of a cyst—a mistake which the enormously fat and pendulous condition of the abdomen rendered easy and, perhaps, excusable.

(γ) *For Doubtful Malignant Disease.*

E. C., aged 58, married, two children and one miscarriage, came for treatment January 29th, 1896. Menstruation had commenced at 11, irregular for a few years, then regular every four weeks, lasting seven days, profuse, bright red, with some bearing down pain at onset; never much leucorrhœa. For a few years prior to the menopause, which took place five years ago, menstruation became more profuse. Patient had been seen eight months previously for rheumatic pains in legs and feet. She began to have pain and difficulty in defæcation seven months ago, bowels opened every day, but stool sometimes of very small calibre. A doctor being called in told her that the womb was displaced, and passed, she says, an instrument into her rectum, and replaced the womb, giving her great pain. For a time she was fairly free from pain and the bowels acted more freely, but for the last two months has had almost continuous pain across the back in lumbo-sacral region, with pain on defæcation unless the motions are quite soft; she has a sensation of something in the rectum, causing constant desire for stool, worse during the last month. Present condition: Stout, sallow and anæmic, tongue furred, appetite poor, flatulence, heart-rhythm regular, systolic murmur at apex, lungs healthy

Abdominal wall flat, nothing abnormal detected ; cervix in middle line, not descending when patient strains, but slightly movable to either side. Uterus forward ; sound passes 3 inches.

A hard mass is felt in front and to the right side of rectum, very slightly movable, somewhat tender ; on right side reaching back to sacrum. Urine 1018, acid, urates, no albumen, no sugar. On February 4th, under gas and ether the abdomen was opened ; the omentum was adherent to the parietes, and had to be cut through to get into the peritoneal cavity. It was then found that the uterus lay anterior to the tumour and was not enlarged, filling up Douglas' pouch. was a hard mass, somewhat movable, but intimately connected with the rectum. It looked somewhat like a second uterus in shape and size. As removal was quite out of the question the abdominal incision was closed with silkworm gut (the peritoneum having been washed out), and iodoform dressings applied. February 27th, when the incision had healed, patient was discharged in very much the same condition as on admission. On May 19th, she came again to the out-patient department, had gained flesh, was taking food well, but was suffering from constipation ; she had lost the sacral pain and the frequent desire for stool, which she had before the operation, had less flatulence lately ; passes a "great deal of sand" in her urine. June 26th, still improving, bowels act naturally, gaining flesh, has been taking lycopodium and sulphur. Post-uterine swelling much less obvious.

SUPRA-PUBIC CYSTOTOMY.

For Villous Tumour of Bladder.

A. H. æt 61, came to the out-patient department of the London Homœopathic Hospital on October 3rd, 1894. Her chief complaint was of attacks of hæmaturia, of which she had had three during the previous six months. She also had burning on micturition ; the urine used to pass slowly or she had to wait or occasionally to stand to pass it.

Menstruation ceased at the age of 50 ; her bowels were regular and she suffered from piles without hæmorrhage.

On examination no pelvic abnormality was found ; the uterus was atrophic. The urine, quite clear in colour, contained much albumen, a few hyaline and

granular casts, vesical epithelium and pus cells. The urine was repeatedly examined; no particles of growth or characteristic cellular elements were found.

The next attack of hæmaturia was in February, 1895, the bleeding was very free. In April a slighter attack took place.

The patient's general health being good, and the recurring hæmorrhage persisting, I decided to explore the bladder. On May 8th, 1895, I dilated the urethra, and examined the bladder digitally, free bleeding rendering ocular examination impossible. A large villous growth was found on the posterior wall. On May 10th, with the kind assistance of Mr. Knox Shaw, I opened the bladder above the pubes, removed the growth by finger and forceps, a pair of pressure forceps were left on the pedicle; the edges of the bladder wound were stitched to the abdominal wall, and a catheter left in the bladder. The recovery was perfect, and the progress well illustrated the course of cases of supra-pubic cystotomy. The forceps were removed after 27 hours. Amongst the most distressing features for the patient was the frequent tenesmus, necessitating washing out of the bladder. The constant flow of urine, involving very frequent changing of the dressings to keep the patient dry, is a considerable strain on the nurse. It is essential that the skin be thoroughly protected by a layer of grease (lanoline for example), to prevent its being irritated by the urine.

Urine passed freely throughout, both by the catheter and after a time by the urethra. This is a most favourable sign, and is in marked contrast with cases in which the kidneys are damaged and suppression of urine occurs. This patient did not begin to sleep well for a week; after this she picked up rapidly. At the end of a week patient sat up for a few minutes. During the convalescence an attack of subacute rheumatism came on, chiefly in the left hip and leg, making the patient quite lame for a time. The most useful medicines were—for the tenesmus, gelsemium and cantharides; for the rheumatism, rhus and dulcamara.

Remarks.—The recurrent free hæmorrhage from the bladder, with considerable intervals of entire freedom, is characteristic, if not pathognomonic of villous growth or papilloma of the bladder. A feature I do not remember

having read of or seen before is that the urine contained a large amount of albumen even when no blood was present. Casts also were present, pointing to the existence of nephritis. After the removal of the growth both albumen and casts entirely disappeared.

At the present date (July, 1896) the patient is quite well. It is unsafe to prophesy as to the ultimate issue. Villous growths are on the borderland of malignancy, and recurrence is not uncommon.

In Fig. 2 (opposite p. 485) a section of the tumour seen with a $\frac{1}{2}$ -in. lens is represented. For the microscopic section I am indebted to Mr. J. Johnstone, F.R.C.S., pathologist to the Hospital.

NEPHROLITHOTOMY.

For Renal Calculus.

G. P., æt. 60, came under treatment for pyknuria, pyuria and cystitis.

History: 1866. Hæmaturia for two days following blow in right flank. Freedom from symptoms until 1873. Severe attack of cystitis (in India). Stated to have stone in bladder, but at an intended operation no calculus could be felt. 1876. Invalided home. 1878. Returned much better. 1880. Home again. 1881. Severe chest illness. Since 1873 never free from bladder irritation.

In September, 1895, upon examination I found patient had a very large prostate and a considerable amount of residual urine. The urine was always very foetid, alkaline, contained much albumen but no casts. Bladder pain and some aching in right renal region existed; in the latter situation a large movable tumour was felt.

Early in October double orchectomy was performed, and a month later the prostate had very much lessened in size; the residual urine was less in quantity. Pus in urine same. November 5th: The kidney tumour was explored from the loin, Mr. Knox Shaw kindly assisting. Foetid pus escaped, and a large calculus was removed weighing 181 grains.

The wound had almost entirely healed in a month's time. While the wound was open the daily urine was only 30 or 40 ounces. After healing it amounted to 60 or more. By Christmas the urine was almost clear,

and contained only slight quantity of albumen. Patient became active and his sleep improved. Previous to operation he never slept more than one-and-a-half hours; by Christmas he could sleep four hours or more. The calculus was mainly phosphatic.

ABDOMINAL SECTION.

For Ectopic Gestation.

S. J., [15 E.] æt. 29, married, consulted me first on March 12, 1895. Patient complained chiefly of severe pain in the lumbar region and continuous vaginal hæmorrhage for the last 9 weeks. The pain, which was very severe, began suddenly in the middle of the night, with vomiting and shivering. The patient was ill for seven weeks, during which time she fainted once or twice. Previously her health had been good. She had had no illnesses with the exception of an attack of pleurisy, which followed her only confinement, seven years ago. The periods had been regular, and not accompanied by any pain except headache. Hæmorrhage free. During her illness she had been losing flesh and had no appetite.

On examination the uterus was found to be of medium size; on pressing cervix to right much pain was caused. There was a swelling behind and to right of cervix, soft, round and tender, and the same found on examination per rectum.

Patient continued as an out-patient for a short time, improving in health, and was not heard of again until she came to Dr. Burford's out-patient department, and on January 9th, 1896, was admitted into the wards. By Dr. Burford's courtesy I am able to make use of the notes then taken.

Three months before admission to hospital menstruation ceased, and there was no hæmorrhage from the vagina until a few days ago, when there was a very slight blood-stained discharge. Three weeks before admission she did some washing and the following night was seized suddenly with acute spasmodic pain, for which morphia was injected hypodermically. Subsequently she had continuous pain of a less severe character and recurrences of violent paroxysms. Micturition was painful for some days before admission, and the bowels were confined and defæcation painful.

On admission her pulse varied from 112 to 124 during the first 24 hours. Temperature, 98.6 to 100°. In the afternoon and evening of the 10th the pulse rose to 160. In Dr. Burford's absence I was asked to see the patient. The abdomen was tumid and very tender, knees drawn up, and face pallid and anxious. To the left of the middle line there was considerable resistance, and an ill-defined swelling in the left iliac region. Pelvic examination revealed a diffuse resistant swelling in the pouch of Douglas, a well marked tumour to the left of the uterus, rising out of pelvis and displacing the uterus to the right. Peritonitis, following internal hæmorrhage, due to a ruptured tubal pregnancy was diagnosed. The patient's condition was considered to be critical and with the concurrence of Dr. Moir and Dr. Epps, who kindly saw the patient with me, I opened the abdomen at 1.10 a.m.

The intestines were extensively matted together and the abdomen was full of fluid and clotted blood. During the manipulation necessary to isolate the swelling, a foetus of about three months was extruded from the gestation sac.

The growth and rupture had taken place towards the free peritoneal cavity, and the sac was ligatured off without much difficulty. Very little additional blood was lost during the operation. The patient suffered severely from shock and died about 36 hours after.

Remarks.—This patient in the first instance (March 1895) was sent to the hospital by Dr. Bennett. In her second illness she was under "orthodox" treatment for some three weeks, after which Dr. Bennett was called in, and he, recognising the seriousness of the case, sent her in to the hospital. There can be no doubt that cases of ruptured tubal gestation occasionally recover without operation. When the amount of blood lost is not very considerable this is especially the case. The question of waiting until the shock of hæmorrhage has passed off is one which cannot be discussed here. Though it is sometimes advantageous to wait, there are cases where such delay only ensures a fatal result. Had the nature of this case been recognised two or three weeks earlier, the patient would not have suffered from prolonged pain, frequently recurring smaller hæmorrhages and secondary peritonitis, and the prospects after operation would

have been favourable. As it was, the issue from the moment of her arrival was doubtful.

A point of no little interest in connection with this case is the question of the nature of the first illness. The symptoms and physical signs were entirely consistent with ectopic gestation having occurred then, and that was the diagnosis made. On that occasion it was situated on the right side, on the second and fatal occasion it was on the left.

A PROVING OF NUX MOSCHATA.

Reported by T. G. STONHAM, M.D., Lond.

J. P., a young man of dark hair and complexion, ate two nutmegs on Friday morning. No immediate effect. In the afternoon he noticed when he passed urine that it had an aromatic odour. He felt exhilarated and able to do more than usual. He "beat his record" in getting from the station on his way home, and felt mentally exalted also, as if he could argue and hold his own on any subject. At dinner he was extremely thirsty, the mouth feeling very parched; he felt he could not drink enough to quench the thirst. After dinner he joined, as he had intended, in a small musical party, but did not feel equal to it, his head felt strange and as if in a dream. He seemed to be two persons, and his real conscious self seemed to be watching his other self playing. He could not play well, and struck several false notes, and was at last obliged to give it up. He seemed lost, and when spoken to would come to himself with a start. His hearing for distant sounds was much more acute than usual—he could hear people talking in a low voice in the passage outside the room, which he would have been quite unable to do ordinarily. On retiring to bed, sleep was disturbed by a tendency to nightmare. The next day he felt languid and tired and unfit for work, but the other symptoms had passed off. The skin was dry and almost jaundiced, as people often appear after a bilious attack. Tongue dry and furred at the back. Bowels confined. He was not seen till the Saturday afternoon, when the symptoms had mostly passed away, so that only those have been given which he was able to relate.

Hampstead, N.W.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

(Continued from page 361.)

THE third series of consultations ended on July 3rd. Sixteen semi-monthly meetings have been held between October and July, 1895-6. Seventy-two cases of various kinds have been shown, of which about forty have been reported in this journal.

Nine medical men unconnected with the hospital have shown 20 cases, and eleven members of the hospital staff have exhibited 52 cases. The average attendance of medical men each day has risen from 12.6 per diem in 1893-4 to 16.0 per diem 1895-6.

The following cases were shown in June and July :—

CASE XXXI.—*Pernicious Anæmia following Influenza.*

Dr. George Clifton brought this important case up from Leicester. He particularly wished an opinion as to the possibility of there being malignant disease.

The patient was a Minister, aged 54. At 12 years of age he had a severe attack of typhoid; at 21 years he had scarlet fever; at 35 years he had Roman fever at Naples and had never been strong since. During the last four years he had had several severe attacks of epidemic influenza, and two years ago he had a sharp attack of blood-poisoning. The patient had suffered, more or less, from anæmia ever since he had Roman fever. Patient lived in a low-lying damp part of Leicester, on a clay soil. Patient was distinctly anæmic; he had lost weight; his present weight was 9 st. 5 lb., whereas he formerly weighed over 10 stone. He complained principally of general weakness, exhaustion after mental effort and pain round the loins. He had once, a few weeks previously, had vomiting, and also occasionally suffered from pain in the epigastrium after meals, extending into both flanks. The examination of chest and abdomen was negative. Bowels regular, and natural stools. Urine: sp. gr. 1025, no albumen, sugar nor phosphates.

Blood: Hæmoglobin, 76 per cent.; corpuscles normal in shape, nothing abnormal except diminished number. Dr. Clifton has given arsenic. alb. 2x and

phosph. 3x with some good effect, but ferrum either alone or combined with arsenic did no good.

The special points he asked information on were, 1, whether there was any splenic or malignant disease, 2, if a sea voyage or change of climate would be beneficial?

Dr. Byres Moir thought the case one of anæmia, probably pernicious, the result of the Roman fever and influenza. Abdominal examination gave negative results. The conjunctivæ did not show any anæmia. He thought Swedish exercises would be of use and arsenic. alb. 2x the most useful remedy, given in several drop doses. He did not advise a sea voyage, as he thought the patient's illness too serious for him to be away from his family and doctor, and he did not think Llanganmarch (which was suggested) would be of special use.

Dr. Epps agreed with the above diagnosis. He suggested sending the patient to a height and giving chin. ars. Dr. Pope suggested Malvern, and Dr. Blumberg giving red marrow, which he had found of service, combined with the administration of iron. Dr. Moir said he had given red-marrow since it was first introduced by Professor Fraser, but had not found it of use in pernicious anæmia; it was of most use as a fattening agent.

CASE XXXII.—*Cerebral disease for diagnosis.*

Dr. Goldsbrough showed this case, which had been sent to his clinic by Mr. Knox Shaw, who had discovered the patient to be suffering from double optic neuritis. The patient, a married woman aged 40, complained of giddiness, slight headache, temporary loss of sight when stooping and dulness of hearing on the right side. She was of fair complexion, and of a mild disposition. She had a peculiar slurring of her words in speaking, and she frequently gradually closed her eyelids, the left completely, the right only partially; there was a slight staring and vacant expression. She could not walk well with her eyes shut. The ticking of a watch could not be heard on the right side either per tympanum or per osseum. There was no evidence of paralysis either sensory or motor. A slight unsteadiness of gait was exhibited on beginning to walk. The knee jerks were rather exaggerated, and on attempting to elicit ankle clonus a faint tremor of the foot was noticeable.

The appetite was good, the tongue red and markedly fissured at the edges. Bowels confined. Catamenia regular and painless, some dimness of sight was noticed at these times. She had sacral pain and leucorrhœa. Patient had always been delicate. She had had one child, stillborn, 14 years ago. Two years ago she had influenza, and since then had felt shattered.

The family history was bad. Patient's mother died of phthisis about the time of her birth, and her father also died of the same disease at 55. The husband's personal history was good and without specific taint.

At the consultation the following points were noticed. That the patient slightly dragged her right foot; that the right angle of the mouth was slightly drawn upwards—this had been noticed for two years; and that there was spasm of the right eye, with slight divergent strabismus.

Patient also suffered from convulsions when asleep; these were increasing in severity, but did not awaken her. The twitchings were all over, and not more on one side than the other.

Dr. Goldsbrough had given belladonna and sulphur with some improvement. He thought the cause of the symptoms latent tuberculosis, which began two years ago.

Dr. Byres Moir considered the symptoms due to pressure from a small tumour, and that if the improvement from the belladonna did not continue, he would advise that kali iodid. be given.

Mr. Dudley Wright said all the symptoms pointed to cerebellar tumour. The points against tubercle were absence of pain and vomiting. From the history of a still-born child he suspected a specific origin, and advised kali iodidum.

Mr. Knox Shaw, when he saw the case previously in his clinic, had suggested kali iodid.

CASE XXXIII.—*An Obscure Spinal Case (Syringo-Myelia).*

Dr. Byres Moir showed this most interesting case of syringo-myelia, which was under treatment in Hahne-mann ward. The following full history of the case has been kindly supplied by Dr. H. V. Münster, the house physician.

E. P., æt. 29, butler, admitted under Dr. Moir, June 8rd, 1896. Patient came of long-lived stock. His mother, however, died of "water round the heart" at 86, she also suffered from ulcerated legs.

Personal: Patient suffered from running sores on the right leg from 7th to 20th year; urethritis at 19; chancre at 20, followed by sore throat; married at 26; he had influenza the same year, after which he had agonising pains which developed in the lumbar regions in three or four months. He had influenza again the following year but without sequelæ. He had been abroad a good deal, chiefly in Europe, but was once in East Africa for four months.

His present illness dated from the first attack of influenza in 1892. It commenced with pains in the back. The skin of back became inflamed and so sensitive that he could scarcely lie on it. In Jan., 1893, the spine was cauterized at St. George's Hospital, since when his condition had varied from time to time. He had been getting worse since May last. For two years he had had great difficulty with micturition and defæcation. He had lost the power in the thumb and first finger of the right hand for a year, and all sexual power for nine months.

Nervous system: Sensations.—Dull aching pains in the lumbar and lower dorsal regions, occasionally they shoot forwards and surround the abdomen "like a strap"; marked hyperæsthesia and tenderness over lumbar and lower dorsal regions close to the spine. Insensible to *touch* everywhere, except over limited areas on inner sides of toes and feet. Insensible to pain, except in back and on dorsum of his fingers. Will allow pins to be inserted anywhere, except in the right thumb and index finger. Sensations to heat and cold very defective on arms and legs; firm contact was needed, and then he was very slow and often inaccurate in his interpretations.

Reflexes all intact. No ankle clonus. Reflex contraction from percussion on the tendon of right extensor indicis. Cremaster reflex present. Knee jerks rather increased.

Organic reflexes disturbed. Micturition not always under control of will, sometimes involuntary; he cannot always initiate the act at will; always conscious when

bladder was full. Defæcation very irregular ; the motions vary from 4 to 16 per diem, not relaxed as a rule. Speech feebler and higher pitched than formerly.

Motor functions for the most part preserved. No ataxy in gait nor want of muscular sense. Complains of jerking fits in the right hand occasionally, with tingling sensations. Says any of his limbs will sometimes jerk, but to a less extent. These jerkings only last a few seconds, and may be severe enough to hinder him standing, and are accompanied by semi-consciousness ; vertigo occasionally, with sensation of pins and needles in limbs. Faint turns the last few days ; he has had these previously, also attacks of shivering. Intelligence remarkably good.

Nutrition : Patient has lost a stone in weight in the last few years ; marked wasting of right trapezius, supra- and infra-spinatus and pectoral muscles and also of the muscles of ball of right thumb. Tâche cérébrale easily elicited over the skin of the back.

Vision for near objects had failed during the last 18 months. He needed glasses now for reading. Pupils dilated and left larger than right ; they do not react well. Mr. Knox Shaw reported "a small degree of hyperopic astigmatism. Very weak accommodation needing a +3 in addition to hyperopic correction. Pupils semi-dilated and not reacting. Correction with glasses for hyperopic astigmatism gives full distant vision."

Urine normal, occasional phosphates. Heart sounds almost inaudible over base. Some varicosity of veins of right leg. Nodular swelling on right clavicle ; respiration prolonged above and below this ; occasional cough. Patient had a number of circular scars on both legs with white centres and surrounding pigmentation, and also a small ulcer in the middle of a corn on the right sole.

The patient was shown at the consultation, June 19th, and since admission into the hospital, he had been taking kali iodid. gr. x. t.d.s., and had been resting, the pains had very much decreased.

At the consultation, the diagnosis of syringo-myelia was confirmed, also the treatment.

CASE XXXIV.—*A Laryngeal Case for Diagnosis.*

Dr. Alexander H. Croucher, of Eastbourne, sent up this most interesting case for diagnosis.

S. H., aet. 10, came under treatment at the Eastbourne Dispensary in the latter part of December, 1894, and was admitted into the Leaf Homœopathic Cottage Hospital on January 2nd, 1895.

The history was that the voice and breathing had been affected for six months, and had gradually been getting worse. There was no remission in the dyspnoea but the breathing was much more embarrassed during the night. On admission there was marked stertorous breathing and some enlarged glands in the neck, more left than right. The boy had lost much flesh and looked extremely ill. The tongue was thickly coated, and the cough, which was not at all troublesome, was somewhat croupy in character.

With the laryngoscope all the parts were seen to be markedly cedematous, the opening of the glottis during forced inspiration appearing as a clink, the aryteno-epiglottidean folds being so swollen that they formed two cushions entirely covering the true vocal cords.

As it was evident that, apart from the risk of suffocation, tracheotomy should be performed, so as to give the larynx rest, the high operation was done by Dr. Croucher on the 4th January, 1895, Dr. Vincent Green giving chloroform. The patient recovered very quickly from the operation and his breathing was very much relieved. He left the hospital on March 6th with his bones well covered, and looking the picture of health. Since then Dr. Croucher had frequently examined the larynx and had seen the swelling gradually diminishing. There was evidence of ulceration of small extent on the upper edge of the epiglottis.

The family history was: No history of phthisis in family, but twelve maternal uncles and aunts had had rheumatic fever. When about a year old patient had a swelling under the chin, which was poulticed and was said to have broken "inwardly."

The medicinal treatment had been merc. sol. 3x, apis 3x, calc. carb. 6, tuberculinum 30 and iodium 2x.

Dr. Croucher asked for besides a diagnosis, suggestions as to further treatment and the advisability of leaving out the tube.

Mr. Dudley Wright said, with regard to the diagnosis of the laryngeal condition, the question to his mind lay between three conditions, (a) tuberculous ulceration, (b)

lupus, and (c) syphilis. He could not say that the lesion was characteristic of either of these three conditions, it had points which made it look like any of them. The ulceration was more like that of tubercle or syphilis than lupus. The history, however, was entirely against syphilis, and there were no other signs of that disease in other parts of the body. Lupus of larynx was rare without pharyngeal or skin manifestations, so he would favour the diagnosis of tuberculous ulceration. As regarded treatment, he would be inclined to retain the tube—in spite of the fact that the patient could breathe easily with it closed—as long as the ulceration was present, and he would suggest the internal use of creasote.

(To be continued.)

REVIEWS.

Herbal Simples, Approved for Modern Uses of Cure. by W. T. FERNIE, M.D. Bristol: John Wright & Co. 1895.

DR. FERNIE has succeeded in producing an interesting, readable little book, at once learned and simple. We say "learned," because of the wealth of classical and literary quotations and allusions with which the book is embellished; and "simple," because the instructions given for the use of the various "herbs" are easy to follow and apply. The book embraces a large number of the best-known herbs and a number of less common ones. It describes their properties in general terms; gives, as a rule, the scientific name for the plants, and their ancient and modern uses. As an illustration, we quote a portion of his article on the wood anemone.

An index of diseases concludes the book.

"The wood anemone, or medicinal pulsatilla, with its lovely pink white petals and drooping blossoms, is one of our best known and most beautiful spring flowers. Botanists do not distinguish it virtually from the anemone pulsatilla, which medicinal variety is of highly valuable modern curative use as a herbal simple. The active chemical principles of each plant are 'anemonin' and 'anemonic acid.' A tincture is made (H.) with spirit of wine from the entire plant, collected when in flower. This tincture is remarkably beneficial in disorders of the mucous membranes, alike of the respiratory and of the digestive passages. For mucous indigestion following a heavy or rich meal the tincture of pulsatilla is almost a specific remedy. Three or four drops of this should

be given at once with a tablespoonful of water hot or cold, and the same dose may be repeated after an hour if then still needed. For catarrhal affections of the eyes and the ears, as well as for catarrhal diarrhoea, the tincture is very serviceable; also for difficulties of menstruation its use is always beneficial and safe. As a medicine it best suits persons of a mild, gentle disposition, and of a lymphatic constitution, especially females; it is less appropriate for quick, excitable, energetic men."

The Practice of Medicine; a Condensed Manual for the busy Practitioner. By MARVIN A. CUSTIS, M.D. Philadelphia: Boericke and Tafel, 1896.

THIS is a recently published little book, written, we believe, by the president-elect of the next annual meeting of the American Institute of Homœopathy. It is a book with both a contents and an index, and is consequently easy of reference. As its title indicates, it is condensed, and very much so, for the natural history of diseases is practically ignored. It is also incomplete, for it does not include diseases of the reproductive systems male and female. It is not a book which is intended to be read but to be used as a work of reference. Its therapeutics constitute its strong point, but we notice that the old alphabetical order in dealing with drugs is followed. An attempt is made by variations in the type, etc., to indicate what are the important symptoms of any given drug with respect to the disease treated of. Even here routine sometimes prevails, for we find in acute coryza that aconite, its leading remedy, is indicated by a "fear of death"! While under catarrhal dyspepsia the only indication of antim. crud. is "a thickly coated white tongue." We are told that carcinoma hepatitis is a synonym for hepatic cancer, but this is probably a misprint for carcinoma hepatis. Pyonephrosis is stated to be a synonym of pyelitis. The causes of hæmaturia are said to be "inflammation of the kidneys, ureters, bladder or urethra, vicarious menstruation, traumatism, any general blood disease." This we consider excessive condensation.

Under diphtheria, the evil of the old alphabetical list of drugs is well exemplified. Eighteen medicines are mentioned as useful for this disease or some part of it. As it happens anti-toxin (with a doubtful commendation) comes first, but before we get to cyanide of mercury we have to wade through the symptoms of that important drug "lac. can." (!) We are surprised to see no notice of biniodide of mercury for this disease.

Under disseminated cerebro-spinal sclerosis we find no mention of the state of the reflexes. Jacksonian epilepsy is classed as a variety of epilepsy along with grand mal and petit mal.

Altogether we are disappointed in Dr. Custis' little book.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE first meeting of the Annual Assembly was held at the London Homœopathic Hospital, on Wednesday, June 24th, at eight o'clock. Dr. Goldsbrough, President, in the chair.

The Secretary announced that Mr. C. T. Green had been elected President of the Liverpool branch, and that Dr. P. Douglas Smith had been elected a member of the Society through the Liverpool branch.

Section of Surgery and Gynæcology.

Mr. James Johnstone read a paper, entitled, *Mammary Cancer: its early diagnosis and subsequent treatment*.

A discussion followed, taken part in by Dr. Blackley, Mr. Dudley Wright, Dr. Madden, Dr. Dudgeon, Dr. Moir, Dr. Ord, Mr. Knox Shaw, Dr. Neatby, Dr. Burford, and Dr. Goldsbrough (President). Mr. Johnstone replied.

In the absence of Dr. Cash Reed, Dr. Burford read for him a communication entitled, *A Clinical Study of the Use of the Curette*. In the discussion that ensued Dr. Neatby, Dr. Madden, Mr. Johnstone and Dr. Burford took part.

Second Meeting.

The second meeting was held on Thursday, June 25th, Dr. Goldsbrough (President) in the chair.

Dr. Victor Blake, Elsinore, Alpine Road, Ventnor, Isle of Wight, was elected a member of the Society.

The report of the Council and the treasurer's statement were read and adopted.

The Society authorised the expenditure of the necessary money to defray the expenses connected with the issue of the Collective Investigation Schedules and for the purposes of the work of indexing British homœopathic periodical literature.

The Society awarded an annual subscription of £10 10s. to the London Homœopathic Hospital.

It was further resolved that the Society do entertain the members of the International Congress at dinner, and that the Council be empowered to make such arrangements as seem fit.

The following officers for the Session, 1896-7, were then elected :—

President : Dr. E. M. Madden.

Vice-Presidents : Dr. Washington Epps and Mr. Dudley Wright.

Treasurer : Dr. Galley Blackley.

The Council : Dr. Madden, Dr. Epps, Mr. Wright, Dr. Blackley, Dr. Moir, Dr. Hughes, Dr. Day, Dr. Neatby, Dr. Burford, Mr. Johnstone and Dr. J. W. Hayward (Liverpool Branch).

The Sections of *Materia Medica* and *Therapeutics* ; *General Medicine* and *Pathology* ; *Surgery* and *Gynæcology* ; and the *Library Committee* were re-elected.

During the evening, Mr. Gerard Smith gave a most interesting demonstration of the "X" rays, taking radiographs, showing the fluorescent screen and exhibiting and explaining apparatus.

Since the Annual Assembly the Council have met and re-appointed Dr. Hughes, Editor of the *Journal of the Society*, and Mr. Knox Shaw, *Honorary Secretary*.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS.

THIS gathering of medical men, practising homœopathy, from different parts of the world will take place during next week.

On Monday evening, the 3rd inst., the President and Mrs. Pope will be "at home" at the Queen's Hall, Langham Place, to receive the members of the Congress with the ladies of their families, together with some personal friends of the President and others who are interested in homœopathy. Cards of invitation have been issued to the members of the British Homœopathic Society and others, but it was impossible for the President to send any to those who are coming from abroad—simply because he had no knowledge of who were coming. He trusts that they will accept this apology for any apparent neglect, and hopes that one and all will honour him by their presence on that evening at 8.30 at the Queen's Hall.

During the evening the secretaries, Dr. Hughes, Mr. Dudley Wright, and Dr. Hawkes (Liverpool), will receive the names of those who are qualified to be members of the Congress.

On Tuesday afternoon, at 2.30, in the same hall, the business of the Congress will commence by the President deliver-

ing the opening address. On this occasion members of the Congress will feel themselves at perfect liberty to introduce friends even unconnected with the medical profession. Following the address, Reports from different countries as to the history of homœopathy in each during the last five years will be presented; after which a discussion will take place, as announced, on *The Condition and Prospects of Homœopathy at the Present Time, and the Best Means of Furthering its Cause*. Dr. Dudgeon has undertaken to open for England, and Dr. Alex. Villers, of Dresden, for the Continent; while Dr. Kraft, of Cleveland, is to be invited to speak for the United States.

On Wednesday morning, the discussion on *Our Literature*, based upon the papers of Drs. Dyce Brown, of London, and J. L. Bradford, of Philadelphia, should excite much interest. The basis of that on the *Reasonableness of Homœopathy* has been widened by the addition to the two from America, of one from Dr. Von dem Borne, of Amsterdam, entitled *Is Homœopathy only Suggestion?* and it is to be opened by Dr. Brasol, of St. Petersburg.

In the afternoon the discussion *On the Selection of the Remedy* is to be opened by Dr. Hayward, sen., whose attention to this subject is well known and appreciated. The two other discussions, on the paper of Dr. Clarke on *Animal Extracts* and on that of Dr. Epps on *Aurum*, have not yet secured openers; but Dr. Dewey, of New York, is (if present) to be solicited to undertake the task for the second.

On Thursday morning, Dr. Goldsbrough's paper, suggested by the appearance of the new English version of Hahnemann's *Chronic Diseases*, should elicit an important discussion on the master's doctrine on this subject, as viewed in the light of present day knowledge. Dr. V. Léon Simon has given a fresh interest to the old question of the dose by propounding "A Posological Law," and an animated debate may be anticipated as to whether this or any other law yet propounded holds good on the subject. The three essays of Drs. Hansen, Majumdar, and Hughes, treating as they do of mercury and iodine in syphilis, of quinine in intermittent fever, and of colchicum in gout, have been grouped as materials for a discussion on *The Specifics of Traditional Medicine*. Dr. Hughes' paper, we understand, embraces also the action of iron in anæmia. The opener here will be Dr. Von dem Borne, and it is hoped that Dr. Von Dittmann, whose energetic oratory many of us will remember pleasantly in 1881, will perform that office for Dr. Simon's paper.

In the afternoon, the discussion on *Tuberculin*, based on the experiences communicated by Drs. Cartier and Arnulphy, will

be initiated by Dr. Herbert Nankivell, our leading expert in pulmonary disease. In ophthalmic therapeutics, besides the paper by Dr. Bushrod James on the treatment of *Strumous Ophthalmia*, we have a general one by Dr. A. B. Norton, of New York, which will be discussed with the other. In otology, the question as to what we can do medicinally in the treatment of *Deafness* will have excellent material furnished in the essays of Drs. Hayward and Cooper; and many thus afflicted will look to its discussion with interest.

Mr. Dudley Wright will continue on Friday morning the subject of ear-therapeutics by an essay on *Aural Vertigo*—a frequent and obstinate affection, needing all the light that can be thrown upon it. Dr. Kranz-Busch, son of the late Dr. Kranz, of Wiesbaden, will then bring forward some thoughts on the relation between *Mineral Waters and Homœopathy*; and Dr. Jagielski will probably open the debate upon it. Cutaneous medicine is but slightly represented; but the short paper of Dr. Van den Berghe, on *Cutaneous Horns*, will be handled by a competent critic in Dr. Galley Blackley, who may be trusted to enlarge its sphere as far as practicable.

Surgery and gynecology are the subjects for Friday afternoon and Saturday forenoon. A slight transposition has had to be made here, and Dr. Wood's paper on *Uterine Carcinoma* will be taken on Saturday, Dr. Packard's on *Appendicitis* occupying its place on Friday. Mr. Knox Shaw will open on the latter, Mr. Johnstone on the former. Dr. McClelland, of Pittsburg, is expected to fulfil a similar office for Dr. J. D. Hayward's paper, and Dr. Roberson Day for Mr. Nicholson's on *Anæsthesia*.

As regards our prospects of visitors from abroad, the last *Hahnemannian Monthly* speaks of a possibility of 100 to 150 Americans being present! but we have not as yet had authentic information of the advent of more than 16. We expect six from Belgium, five from France, three from Germany, two from Russia, and one each from Denmark, Holland, Poland and Switzerland.

We repeat the announcement, already made in our pages, that the morning meetings will, by the kind permission of the Board of Management, be held in the Board Room of the London Homœopathic Hospital and will open at 10 o'clock. Those in the afternoon will take place at the Queen's Hall, Langham Place, and commence each day at 2.30 p.m.

It may be convenient to state here, that during the Congress week, commencing with Monday, the 8rd of August, the address of the President (Dr. Pope) will be, Ford's Hotel, Manchester Street, W.

INTERNATIONAL CONGRESS SUBSCRIPTION LIST.

	£	s.	d.		£	s.	d.
Amount previously				G. Norman, Esq., (Bath)	1	1	0
advertised	75	12	0	Dr. A. S. Alexander			
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F. H. Shaw, Esq. (St. Leo-				„ Sanders	1	1	0
nards)	1	1	0	„ Arnold (Manchester)	1	1	0
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Dudley Wright, Esq. ...	1	1	0	„ Roberson Day ...	1	1	0
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„ Gibbs Blake (Bir-				ham)	1	1	0
mingham	1	1	0	„ Hall (Surbiton) ...	1	1	0
„ Eubulus Williams				„ Barrett	1	1	0
(Clifton)	1	1	0				
„ Cooper	1	1	0	Total ...	£100	16	0
„ Roche (Eastbourne)	1	1	0				

LEEDS HOMŒOPATHIC DISPENSARY.

THE third annual report (1896) of this revived institution is before us. Increased demands have been made on the services of the honorary medical staff.

The Committee announce with satisfaction that Her Serene Highness the Princess Adolphus of Teck has graciously consented to become patron of the institution.

It is hoped that funds will soon allow of the appointment of a stipendiary resident medical officer.

The number of attendances at the Dispensary during the past year was 2,744, showing an increase of 607 over 1894, and 202 visits were paid to patients at their own homes. These figures speak for themselves of the usefulness of the institution and the growing appreciation of the benefits of homœopathic treatment by those whom the institution was designed to serve.

BRISTOL HOMŒOPATHIC DISPENSARY.

DURING the past year (1895) 1,146 cases were treated at the Dispensary, in addition to which 485 visits were paid to patients at their own home. The Hon. Secretary points out that a deficit of over £85 exists this year, and appeals for funds to support this deserving charity. The medical officers are Dr. Morgan, Dr. Nicholson, Dr. Bodman and Dr. Barrow (Stipendiary).

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE fifty-second annual session of this, the largest homœopathic medical society in the world, was held at Detroit, in the State of Michigan, from the 17th to the 24th of June. It was, we understand, the most successful meeting the Institute has held. The Hahnemann Oration, commemoration of the centenary of homœopathy, was delivered by Dr. Pemberton Dudley, of Philadelphia, and was an eloquent address, full of appreciation of its subject. It was enthusiastically received by the large audience gathered to hear it. Other addresses, appropriate to the occasion, by Drs. Jones, Van Denburgh and Sutherland were, we are told, much enjoyed.

The papers read and discussed, on every variety of subject possessing medical interest, were numerous.

In the report of the Committee on Organization, Registration and Statistics, it was shown that there are 481 homœopathic institutions in the United States, while there were only 417 last year. The Institute is the largest homœopathic association in the world, numbering 1,616 members; it has 8 national associations, 1 sectional association, 88 State societies, 86 local societies, 35 clubs, 7 alumni associations, 3 miscellaneous societies, 65 general hospitals, 72 special hospitals, 32 journals and 20 colleges. It was authorised to elect 100 outside homœopathic physicians as corresponding members.

The place selected for the meeting in 1897 was Buffalo, a city a few miles east of Niagara Falls. Dr. Custis, of Washington, was elected President, Dr. Walton, of Cincinnati, Vice-President, with Dr. Porter, of New York, General Secretary, and Dr. Kellogg, Treasurer.

LONDON HOMŒOPATHIC HOSPITAL.

FOR the convenience of visitors to London during the month of August, we publish a list of the hours of the visiting staff of the hospital.

In-Patients.**Medical Cases.**

Dr. J. Galley Blackley ... Tuesdays & Fridays at 9.30 a.m.
 Dr. J. H. Clarke ... Wednesdays & Saturdays at 5 p.m.
 Dr. Byres Moir ... Wednesdays & Saturdays at 9.30 a.m.
 Dr. Washington Epps ... Mondays & Wednesdays at 9.30 a.m.

Diseases of Children.

Dr. J. Roberson Day ... Mondays & Wednesdays at 9.30 a.m.

Diseases of Women.

Dr. Burford ... Mondays & Thursdays at 9.30 a.m.
 Dr. Edwin A. Neatby ... Tuesdays & Fridays at 2.30 p.m.

Surgical Cases.

Mr. Knox Shaw ... Mon., 2.30 p.m.; Wed. & Fri., 9.30 a.m.
Mr. Dudley Wright ...

Ophthalmic Cases.

Mr. Knox Shaw ... Mon., 2.30 p.m.; Wed. & Fri., 9.30 a.m.

Throat and Ear Cases.

Mr. Dudley Wright ... Mon., Wed. and Fri. at 2.30 p.m.

Out-Patients' Department.

Medical cases are seen daily by the Assistant Physicians at 2.30 p.m.

The surgical and special departments are represented as undermentioned.

Medical Cases.

Dr. Washington Epps ... Tuesdays & Fridays at 2.30 p.m.
Dr. Marsh ... Mondays & Thursdays at 2.30 p.m.
Dr. Molson ... Tuesdays & Fridays at 2.30 p.m.
Dr. Goldsbrough ... Mondays & Thursdays at 2.30 p.m.
Dr. MacNish ... Wednesdays & Saturdays at 2.30 p.m.

Surgical Cases.

Mr. Dudley Wright ... Mondays & Fridays at 2.30 p.m.
Mr. Johnstone ... Tuesdays & Saturdays at 2.30 p.m.

Diseases of the Skin.

Dr. J. Galley Blackley ... Thursdays at 2.30 p.m.

Diseases of the Eye.

Mr. Knox Shaw ... Thursdays at 2.30 p.m.

Diseases of Women.

Dr. Burford ... Tuesdays at 2.30 p.m.
Dr. Edwin A. Neatby ... Wednesdays & Fridays at 2.30 p.m.

Diseases of the Throat and Ear.

Mr. Dudley Wright ... Wednesdays at 2.30 p.m.

Diseases of Children.

Dr. J. Roberson Day ... Mondays and Thursdays at 9 a.m.

POISONING BY CARBOLIC ACID.

DR. W. SEKOWSKI, of Warsaw, Poland, in an anæmic woman suffering from a chronic leucorrhœa following an abortion, irrigated the vagina with a 8 per cent. solution of carbolic acid and curetted the uterus; the next day an injection of a 2 per cent. solution. The day afterwards an assistant injected one of the same strength. In twenty minutes the woman became unconscious, with trismus, clonic convulsions of the extremities, weakening of the heart's action and numerous râles in her lungs. The writer succeeded in emptying the vagina of 100 gms., of retained carbolic solution, and with the

aid of applications of active restorative measures succeeded in seven hours in causing the symptoms to disappear. He excluded absorption by the uterus or penetration through the tubes, and is certain that absorption took place through the vaginal mucous membrane in an anæmic subject who was peculiarly susceptible to the drug. The convulsions were pronounced symptoms of poisoning.—*Przegląd Chirurgiczny*, tom. ii., zeszyt iv., 1895. [Prof. Kobert, *Lehrbuch der Intoxikationen*, Stuttgart, 1893, p. 224, amongst other series of phenomena following ingestion of carbolic acid, calls attention to the liability of sudden collapse after irrigation of the thorax, abdomen or uterus with solutions of the disinfectant. If the subject does not immediately succumb the collapse may be relieved and be followed by delirium, states of excitement which alternate with confusion of mind, vertigo, exhaustion, roaring in the ears, contraction of the pupil and profuse sweating. The temperature may vacillate irregularly. Hæmoglobinuria has been observed. The drug is excreted by the kidneys. On addition of a solution of the chloride of barium no precipitate of the sulphate of barium is formed as all the sulphates of the organism go to neutralize the poison in the body.—Eds. *Hahnemannian Monthly*.]

CORRESPONDENCE.

PROFESSOR HECKER.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Hahnemann's opponent of the "Defence" was not Professor J. F. C. Hecker, of Berlin, the learned author of *Epidemics of the Middle Ages*, but Professor George Friedrich Hecker, of Dresden, author of many works and editor of the *Annalen der Gesamten Medizin*, of a much older generation than the Berlin professor.

Yours faithfully,

R. E. DUDGEON.

8th July, 1896.

THE ANNOTATIONS OF THE "CHRONIC DISEASES."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I shall be obliged if you will allow the subjoined list of Corrigenda, omitted, for some unexplained reason, from that given in the new translation of the *Chronic Diseases*, or required by that list itself, to appear in the next

number of your journal. It is my only way of enabling British possessors of the volume to have my notes to it in correct form.

I am, Gentlemen,

Yours very faithfully,

RICHARD HUGHES.

Brighton, July 13th, 1896.

CORRIGENDA.

- Page vii. l. 11. For "Bath" read "Brighton."
" 161. Note, l. 5. For "Trink's" read "Trinks'."
" 166. Note, l. 1. For "5" read "S." and after "symptom" and "application" insert commas.
" 186. Note ¹, —. After "129" substitute colon for comma.
" 188. Note ¹, l. 4. Before "Hahnemann" place inverted commas.
" " " l. 11. For "9th" read "6th."
" " Note ², l. 2. For "exceessive" read "excessive," and after "number" substitute comma for full stop.
" " " l. 6. For "Cajatan" read "Cajetan."
" " " l. 10. After "friendly" and before "were" insert inverted commas.
" " " 12. For "medioine" read "medicine."
" 259. Note, l. 4. For "observation" read "observations."
" 299. Note. After "Dacosta" and before "is" insert comma.
" 302. Note, l. 4. For "Trink's" read "Trinks'."
" 303. Note². For "*Observations*" read "*Observationes*" and for "D" read "O."
" 304. Note¹, l. 3. After "coccyx" substitute comma for semicolon.
" 313. Note², l. 1. For "338" read "338."
" 318. Sympt. 416, For "Lotichino" read "Lotichius."
" " Note⁴, l. 1. For "D" read "O."
" 328. Note. Omit comma after "edition" in l. 2, after "Trinks" in l. 6, after "extracted" in l. 7, and after "Hering" in l. 8.
" 1213. Note, l. 4. "Unknown" answers to "anonymous" in the text.
" " " l. 5. After "list" substitute comma for full stop.
" 1233. Note ¹. This note belongs to S. 637.
" 1235. Note ¹. After "1818" supply bracket.
" 1236. Note ². After "overdosing" insert comma.
" 1274. Supply mark of reference ¹ after second paragraph.
" 1437. Before "*Mat.*" supply "the."
" 1484. Note ¹, l. 2. After "accessible" insert full stop.
" " l. 3. After "1804" insert comma.
" " l. 4. After "Walther" supply bracket.
" 1514. Note ². "Andoyuns," here and in the text, should be "Ardoynus."

In "Corrigenda" at end.

- " 609. For "invert" read "insert."
" 631. For "79" read "77."

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- Page 635. For "75" read "77."
 „ 640. For "Kallschmidt" read "Kaltschmidt."
 „ 642. Add "*Hughes*."
 „ 693. For "second" read "first."
 „ 862. Strike out this note.
 „ 1182. For "poisoning" read poisoning."
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NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

BOOKS RECEIVED.

Journal of the British Homœopathic Society. July. London.—*The Homœopathic World.* July. London.—*Medical Reprints.* July. London.—*The Chemist and Druggist.* July. London.—*The Calcutta Medical Journal.* May.—*The Homœopathic Eye, Ear, and Throat Journal.* July. New York.—*The New York Medical Times.* July.—*The Medical Century.* June and July. New York and Chicago.—*The Hahnemannian Monthly.* July. Philadelphia.—*The Homœopathic Recorder.* June. Philadelphia.—*The Homœopathic Physician.* July. Philadelphia.—*The Hahnemannian Advocate.* June. Chicago.—*The Southern Journal of Homœopathy.* May and June. Baltimore.—*The Pacific Coast Journal of Homœopathy.* June. San Francisco.—*The Minneapolis Homœopathic Magazine.* June.—*The Homœopathic Entoy.* July. Lancaster, Pa.—*Archiv für Homöopathie.* June. Dresden.—*Leipziger Populäre Zeitschrift.* July.—*Rivista Omiopatica.* May and June. Rome.—*Homœopathisch Maandblad.* July. Jaargang.—*El Propagador Homeopático.* June. Madrid.—*Revista Homeopática.* March, April and May. Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS.

THE first centenary of the public announcement, by the illustrious founder of homœopathy, of the only scientific basis of drug-therapeutics has been worthily celebrated. Some 140 physicians and surgeons from all the most highly civilised nations of both the old and the new worlds, representing at least 15,000 practitioners and many millions of patients and lay adherents to the original teachings of HAHNEMANN, have assembled in the largest and most important city of the British Empire to do honour to the memory of their author, and to further the cause with which his name is identified.

The Congress has indeed proved an unqualified success. Our visitors from abroad far exceeded in number those present at any previous Convention of the kind. We have had the pleasure of welcoming no fewer than forty-three American practitioners, including six lady doctors, whilst those from other countries comprised representatives from Germany, France, Russia, Belgium, Holland, Denmark, Sweden, Italy and Greece. We regret that our British colleagues showed a slight diminution in num-

bers from those attending the previous quinquennial gathering held in London in July, 1881. This is attributable to the alteration in the date of the Congress from July to August—a change made at the request of our American colleagues. Most English practitioners make their vacation arrangements early in the year, hence some were unable to alter them in time to be present.

At the inaugural ceremony, a reception by the PRESIDENT of the Congress, and Mrs. POPE, was held in the Queen's Hall, Langham Place, on Monday evening, the 3rd ult. This was very largely attended, and the evening passed most pleasantly. The majority of our foreign guests took this opportunity of introducing themselves to the officers of the Congress, and to their English brethren. Aided by the cordial welcome accorded to one and all by the host and hostess, visitors rapidly formed friends, introductions were exchanged, and our British *confrères* were soon engaged in friendly converse with their colleagues of many nationalities. The PRESIDENT's reception seemed to strike the key-note of all the meetings of the week, when our visitors then experienced the reality of that hearty welcome which it had been the earnest desire of the officers of the Congress and the members of the British Homœopathic Society to accord them.

This desirable result was in no small degree determined by the presence of the wives and daughters of our British colleagues, and several of our guests with the lady members of the profession from the United States. We do not remember to have seen any previous reception of the kind graced by the presence of so large and brilliant an assembly of ladies. It gives us special gratification to record this pleasing circumstance. Nor was the evening devoted exclusively to social and professional intercourse, though these were its most important functions. Music, of a high standard, both amateur and professional was provided. An exhibit of nursing appliances was kindly shown by the ladies of the nursing staff of the London Homœopathic Hospital. This excited general interest and admiration, being, in part, the identical exhibit that gained the first prize at the Chicago Exhibition, to which were added other models recently shown by the nursing staff of our hospital at

the exhibition of nursing appliances held in St. Martin's Town' Hall. In an adjoining room our colleague, Mr. GERARD SMITH, showed the Röntgen X rays by his beautiful and valuable apparatus. His *séances* were crowded by delighted audiences, and we observed that the effects obtained by him compared very favourably with those to be seen in the various Röntgen X ray exhibitions about London.

On Tuesday afternoon the members of the Congress with their friends assembled in the Queen's Hall to hear the PRESIDENT's Address, with which the business of the Congress opened. The audience, perhaps the largest obtained at any of the meetings, showed a well marked interest in the subject discussed. At its conclusion Dr. BUSHROD JAMES, of Philadelphia, Dr. McCLELLAND, of Pittsburgh, Dr. LEON SIMON, of Paris, and Dr. VILLERS, of Dresden, were elected Honorary Vice-Presidents, and, being cordially welcomed by the PRESIDENT, took their seats on the platform. Reports of the history of homœopathy in the various countries of the world and its present condition in each were then presented, and a very interesting discussion on the "Condition of Homœopathy at the present time, and the best means of furthering its cause," ensued, in which many of our colleagues from abroad took part.

On Wednesday, Thursday, and Friday meetings and discussions were held each morning at the London Homœopathic Hospital, and every afternoon at the Queen's Hall, Langham Place. The essays presented were not read, but printed copies were to be obtained by those wishing to take part in the discussions, and a *précis* of each paper was given by the PRESIDENT, who then called upon the opener, appointed for the occasion, to commence the debate.

These arrangements worked admirably, and much time was thereby saved. Hence the speeches were in quality far above the average, and the speakers were terse and incisive in their remarks; for those who spoke had previously studied the essays under discussion, and so knew precisely on what points they wished to touch. It is to be hoped that these methods will be adopted at future meetings of our British Congress. We could have wished, however, that the supply of copies of the essays might have been larger. Several members

complained to us of their inability to obtain specimens of the papers they desired to discuss. The interest manifested was so great that it was impossible to satisfy it wholly. Still, as we have said, the plan worked admirably.

The subjects of the various essays proved of general interest to all homœopaths, and the debates following them were of value and importance. Two indeed of the latter were found to be so engrossing that at the earnest request of several of our foreign brethren they were adjourned to be continued early the following day. The subjects in question were, *A Posological Law* by Dr. SIMON of Paris, and on *The Action of the Specifics of Traditional Medicine*. The latter debate being based upon papers by Dr. HANSEN of Copenhagen entitled *The Action of Mercury and Iodine in Syphilis*, by Dr. P. C. MAJUMDAR of Calcutta on *Intermittent Fever*, (with special reference to the action of quinine), and one by Dr. RICHARD HUGHES on *The Action of Colchicum and other "Specifics."*

Especially valuable were the discussions which followed the papers by Dr. GOLDSBOROUGH, of London, on *Hahnemann's Doctrine of Chronic Diseases*, also those by Dr. SCHLEY, of New York, and Dr. ORD, of Bournemouth, *On the Value of Pathology and Sequence of Symptoms respectively in the Selection of the Remedy*, and by Dr. GILCHRIST, of Iowa City, U. S. A., on *Homœopathic Vulneraries*. The Materia Medica experts delighted in discussing the paper by Dr. WASHINGTON EPPS, of London, on the *Pathogenesis and Therapeutics of Aurum*, those by Dr. CARTIER, of Paris, and Dr. ARNULPHY, of Chicago, on *Tuberculin and its Congeners*, and that by our colleague, Dr. CLARKE, of London, on *The Place of Animal Extracts in Homœopathy*. Amongst the surgical and special subjects debated were essays on *Appendicitis*, by Dr. HORACE PACKARD, of Boston, Mass., *Aural Vertigo*, by our confrère Mr. DUDLEY WRIGHT, *Amenorrhœa* by Dr. BURFORD, of London, and *Strumous Ophthalmia*, by Dr. BUSHROD JAMES, of Philadelphia.

Verbatim reports of the debates are to be published in the forthcoming volume of *Transactions* of the Congress, one which will form an invaluable fund of information regarding the latest phases of thought on these and

many other topics, and we hope that not only all who attended the meetings, but many also of our colleagues who were prevented doing so, will obtain copies.*

On Thursday afternoon, August 6th, the Board of Management and Staff of the London Homœopathic Hospital invited the members of the Congress to view the wards and building. A large number availed themselves of this invitation, and many were the expressions of surprise and pleasure heard from the lips of the visitors at the completeness and admirable arrangements of the new Hospital. Indeed, the American surgeons were especially complimentary at the thoroughly scientific and up-to-date character of the building and its appliances. Such praise is praise indeed coming as it does from a country which boasts of many homœopathic hospitals, some even exceeding in size our vast metropolitan institutions. This valuable testimony to the efficiency and completeness of our London Hospital will be especially welcome to those who, amidst much difficulty and some opposition, have by their labours raised an edifice of which not only London but British homœopaths generally may be proud. Indeed, no small part of the success of the Congress has been due to the efforts of the staff of the Hospital in arranging operations, clinical demonstrations and exhibitions of rare and interesting cases during the week, and the cordial thanks of all members of the Congress are due to them for their exertions, as they are also to the Board of Management for so kindly placing the board-room at the disposal of the Congress for the forenoon meetings, and to both for their friendly hospitality on Thursday afternoon.

On Friday evening, August 7th, a dinner given by the President and Council of the British Homœopathic Society to the members of the Congress was held in the new banqueting hall of the Hotel Cecil, Strand. Full details of this event are given elsewhere. This, and Dr. and Mrs. Pope's reception, were the two great social functions of the week, and, in their results, were most gratifying. Something besides intellectual pabulum is requisite to cement friendships. Where no attempt is

* Those desiring copies should communicate at once with Mr. Dudley Wright, 55, Queen Anne Street, W., as only a limited number will be printed.

made by social gatherings to bring men together and teach them more of one another, scientific papers and discussions will fail to do so. Hence, the British Homœopathic Society wisely and rightly decided upon a banquet as the most suitable expression of that *esprit de corps* which binds together all homœopaths throughout the world.

This banquet was, perhaps, the great success of the week. Rarely have men of so many different nationalities parted amidst such a scene of enthusiasm and with such abundant signs of genuine good-will as on this occasion. Such a scene afforded striking testimony to the power of the truths proclaimed by HAHNEMANN, and the effect of the opposition they have met with during the century, in binding hearts together and augmenting friendships, and that, too, between those who may nevertheless differ in opinion and feeling upon many other matters of importance. Thus was brought to a fitting close the social element in the Congress, most of our foreign *confrères* availing themselves of this opportunity to take a cordial leave of their British colleagues. The arrangements for the dinner were admirably carried out by Mr. KNOX SHAW, the Secretary of the British Homœopathic Society, and to him is largely due the success with which it was attended.

In conclusion the highest praise must be accorded to the officers of the Congress for the success which crowned their efforts during the week, and we are sure that all the members who attended the meetings will cordially join us in this. Dr. RICHARD HUGHES, secretary to the Congress, in himself a pillar of strength in everything that concerns homœopathy, and Mr. DUDLEY WRIGHT, the London secretary, have laboured incessantly for months past to ensure its success. To Dr. HUGHES' lot fell the bulk of the correspondence, and the general arrangements for the convenience of both our foreign and provincial guests, whilst Mr. DUDLEY WRIGHT had control of the business matters, registration of members, management of the hall, &c. He, indeed, proved himself a veritable "Sir Oracle" to our foreign guests, and by his tact and courtesy won golden opinions from all. To the Honorary Vice-Presidents, Drs. BUSHROD JAMES, McCLELLAND, SIMON and VILLERS, our thanks are also due for their kind assistance in the conduct

of the meetings and debates. To the Press, both London and provincial, we are indebted for daily reports of the proceedings. Our thanks here are especially due to *The Times* and *Manchester Guardian*. Their reports were on a far more lavish scale than those of any daily paper on any previous occasion. We rejoice to accept this as evidence that the wide-spread influence of homœopathy and the demand for information concerning it in matters affecting the public, are at last receiving recognition. Also that members of the Press are becoming increasingly alive to the fact, that the bitter opposition accorded to homœopathy by some sections of the medical profession, is by no means shared in by the laity. As the *Daily Graphic* tersely put it, the public want to be cured, and so long as a cure is effected they don't care whether the means employed are called "homœopathic" or "allopathic."

Thus closed an eventful week for homœopaths, and, we believe, for homœopathy. We take a cordial farewell of our visitors and guests, or may we not rather say *au revoir*? The next international Congress is to be held in Paris in four years' time, 1900 being the date fixed for the great French Exhibition in that city. We hope to meet all our *confrères* on that occasion, and we trust also many others will attend, especially from those countries which were unrepresented here last month. We missed with regret colleagues from the great British Colonies—Canada, India, Australia and New Zealand. Let our brethren there bestir themselves. Homœopathy we rejoice to hear is flourishing in each of them; let us have ocular evidence of the fact at the Congress of 1900.

THE INFLUENCE OF THE THERAPEUTIC
TEACHING OF HAHNEMANN IN 1796
UPON THE STUDY AND PRACTICE OF
MEDICINE IN 1896.

By ALFRED C. POPE, M.D., M.R.C.S. Eng.,

President of the Homœopathic International Congress, 1896.*

DR. DUDGEON, LADIES AND GENTLEMEN,—In endeavouring to fill the position in this Congress which my colleagues have done me the high honour of electing me to occupy, an honour of which I am deeply

* The Address delivered at the opening of the Congress.

sensible, my first duty, and one that I congratulate myself on having to undertake, is, on my own behalf, and on behalf of all members of the medical profession practising homœopathically in the United Kingdom of Great Britain and Ireland, to offer to our colleagues from abroad a most sincere and hearty welcome to our shores. We thank them for having come at our invitation, to assist in our deliberations. We thank them for their contributions to our proceedings, and I can assure them that we anticipate with lively interest and heartfelt pleasure, the advantages we shall derive throughout the week from the opportunities which will be presented to us, both in our morning and afternoon meetings, and during the social intercourse of the intervals, for an interchange of thought and experience, for imparting and acquiring information on topics of mutual interest, which at all times, but more especially on occasions such as these, are opportunities which constitute most precious sources of personal pleasure and of intellectual profit.

The last occasion on which a Congress of this type gathered in London was in 1881. During the intervening fifteen years, not a few of those who took part in our meetings then have passed away from our midst. Drysdale, one of our honorary Vice-Presidents, and Black, our Treasurer, whose names will be familiar to you as among the pioneers of therapeutic reform in this country, and as the founders of the *British Journal of Homœopathy*; Meyhoffer, of Nice, another of our honorary Vice-Presidents; the ever active and energetic Mathias Roth; the philosophical and highly cultured Thomas Hayle; George Dunn, who had vigorously and successfully fought the battle of homœopathy amongst us here in England for five-and-forty years; Henry Harris, whose untiring, earnest zeal will long be remembered by all who knew him; Stephen Yeldham, whose devotion to the London Homœopathic Hospital will never be forgotten; Jabez Dake, of Pittsburgh, one of the brightest ornaments in the profession of medicine in the United States; de Gersdorff, the active and genial spirit who was with us from Boston; and Sawyer, of Monroe, in the State of Michigan, whose efforts to secure the teaching of homœopathic therapeutics in the University of Michigan never flagged until they were crowned with success—these and others, whose memo

ries their surviving colleagues warmly cherish, having finished their course now rest from their labours, while we, one and all, gratefully remember that "their works do follow them."

The period of time at which our Congress assembles is one full of interest. Looking back one hundred years, we find that the year 1796 was one during which an indelible impression was made upon medicine, both in its preventive and curative aspects. To England belongs the glory of the former; while that of the latter, far wider in its scope, pertains to Germany. It was in 1796 that Jenner, a general practitioner in a small country town in Gloucestershire, first demonstrated the efficiency of a measure which has, during the century, been the means of saving the lives of millions of human beings by rendering them proof against a disease which had previously caused an amount of misery and sorrow which is simply incalculable. Of vaccination, I would further remind you that Hahnemann, in an essay published at Gotha—just three years after the appearance of Jenner's *Inquiry into the Causes and Effects of the Variola Vaccinæ*—said: "It is only in accordance with my well-known maxim (the new principle) that small-pox, to give one example from among many, has an important prophylactic in the cow-pox." That vaccination does afford an illustration of the truth of this principle is admitted even by those who are pronounced opponents of homoeopathy, and ignorant of the literature expounding and defending it. So lately as last October, Sir George Humphry, in an address before the Oxford Medical Society, said: "I have often wondered that the advocates of the *similia similibus*, in their vain endeavours to find some reasonable ground for their theory, did not alight upon or make more of the practice and results of vaccination, coupled with those of inoculation. Here was to hand the unmistakable evidence of a disease being hindered or prevented or stopped by the modification—by the like, that is to say—of that which caused it. Prevention and cure are near allies, and was it not possible—indeed, probable—that cure might be effected by means like those which staved off the disease?" Would that the Regius Professor of Surgery at Cambridge, and others of similar therapeutic views, would but take John Hunter's advice to Jenner when the latter

told him of what he thought that he had discovered, and not merely "think, but try."

By Hahnemann the year 1796 was rendered notable in the history of medicine through the publication in Hufeland's *Journal*, during the course of it, of that essay, the principles contained in which were destined to revolutionise the practice of medicine, which have to a large extent revolutionised it during the first century, throughout which a knowledge of them has been within the reach of members of our profession, and which will still further revolutionise it during that on which we are entering.

In 1796 Hahnemann, after studying under and observing the practice of medicine by the most highly esteemed physicians of the day in Leipzig, Vienna, and Dresden, after acquiring a thorough knowledge of the ancient and modern literature of medicine, and having for some years tested the value of what he had seen, been taught, and read, had ceased to practise, and during six years had devoted himself to researches in science and literature. He had done so, because he had had practical experience of the now generally admitted fact, that the powers which were at that time attributed to medicinal substances, had no more reliable foundation than "vague observations" or "fanciful conjectures;" that pathological works abounded with an infinite number of arbitrary views respecting disease. He had learned, as he wrote to Hufeland, from personal experience at the bedside, "how far the methods of Sydenham and Friedrich Hoffmann, of Boerhaave, of Gaubius, of Stoll, of Quarin, Cullen, and de Haen, were capable of curing." Hence it was that, as the late Dr. Bristowe, in the course of his address at the British Medical Association in 1881, said, when speaking of Hahnemann: "He saw through the prevalent therapeutics of the day; he laughed to scorn the complicated and loathsome nostrums which even at that time disgraced the pharmacopœias; and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems, which then and theretofore had prevailed in the medical schools." In fact, he came in 1790 to the conclusion formed by Sir John Forbes, in 1846, who, when writing regarding the then "condition of physic," said "Things have arrived

at such a pitch that they cannot be worse, they must either end or mend." The history of medicine, the much boasted experience of 2,000 years, afforded no solid basis on which to endeavour to mend therapeutics.

Hippocrates, perhaps one of the clearest observers of disease the world has seen, a most cautious therapist for the age he lived in, "seldom strove to arrest diseased action, but chiefly to modify its severity and conduct it off by some mild natural discharge."*

Galen, whose opinion constituted the authority in medicine for 1500 years, was purely imaginary both in his pathology and in his views regarding the action of the medicines he prescribed. His prescriptions, which were passed on for generations in his treatise, *De Compositione Medicamentorum Secundum Locos*, each of which was composed of numerous drugs, regarding the real nature and effects of which little or nothing was known, furnishing the formulæ in general use.

The "wisdom and experience" of Galen were tersely criticised by that singular but unquestionably learned character, known in history as Paracelsus. "What you call humours," wrote Paracelsus, "are not diseases; that is disease which makes the humours. How can a physician think to discover the disease in the humours, when the humours spring out of the disease? It is not the snow that makes the winter, but the winter, the snow; you mistake the product of disease for disease itself." Again, he says, "*Contraria contrariis curantur*—that is, hot remedies cure cold diseases. That is false, the whole design is false; there is no proof of a disease being hot, or of a remedy being cold."†

But proof was not sought, it was authority to which men in those days yielded their allegiance, and this authority it is which is described as "wisdom and experience."

Paracelsus had rudely shaken the authority of Galen, but the man was near at hand who would presently convince the world that the only basis of all natural knowledge was fact, and that the only source of facts was experiment. Lord Chancellor Bacon's inductive

* *Defence of Hahnemann and his Doctrines*, p. 6, Edinburgh, 1844.

† Russell's *History and Heroes of Medicine*.

philosophy did much for medical science. One of its first-fruits we have in William Harvey's study of the circulation of the blood.

Sydenham, while longing to know of specifics such as he had learned that cinchona bark was in intermittent fever, followed the evacuant method of Hippocrates, and clung to the polypharmacy of Galen. The practical features of the therapeutic teaching of succeeding authorities in medicine, whose influence was widely spread, of Boerhaave, Cullen, and Brown, differed little from that of Sydenham. Hence, when Hahnemann studied and practised the art of medicine, practitioners were, especially in Germany, directed by various professors, who, having secured to themselves prominence, constructed a theory of disease, and adapted the agencies they proposed to remedy it with in conformity with their several theories. Of the real facts of medicinal action little or nothing was known, and with the exception of Haller and von Stoerck, no one had sought to ascertain any such facts. Whatever the theory, the weapons of practice were ever the same—blood-letting, blistering, mercurialism, purgatives, emetics, astringents, so-called tonics, and preparations made from the roots and leaves of plants, a knowledge of the supposed virtues of which had been acquired from peasants. Such was the practical outcome of the medical wisdom and experience, which had accumulated during two thousand years, at the end of the eighteenth century, leading Girtanner, of Göttingen, to write in 1798, when advocating the system of Brown of Edinburgh, "As the healing art has no fixed principles, as nothing is demonstrated clearly in it, as there is little certain and reliable experience in it, every physician has a right to follow his opinion. Where there is no question of real knowledge, where every one is only guessing, one opinion is as good as another."

Turning, then, from the fictions with which Galen and his successors had so long enthralled the medical mind, Hahnemann sought for what of fact regarding disease and respecting the actions of medicine could be found scattered here and there in medical literature, with the view not of mending, but rather of reconstituting the therapeutic art. The conclusions to which his researches had led him, he gave to his profession through the medium of Hufeland's *Journal der Prak-*

tischen Arzneikunde,* in an essay on a "New Principle for ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed." Sir William Hamilton, of Edinburgh, in 1832, in an article on the "Life Writings of Cullen," and again when republishing it in 1852, asked the somewhat humiliating question, "Has the practice of medicine made a single step since the days of Hippocrates?" Some three-and-twenty years later the late Dr. Warburton Begbie, in an *Address in Medicine* at a meeting of the British Medical Association, strove hard to give a favourable reply to this question. Ignoring the work of Hahnemann, his effort to do so, ingenious, laboured, and strained as it was, did but show how slight had been the progress of medicine, even in 1875, since the days of Hippocrates. As a matter of fact, the only step of any far-reaching importance that had been taken in the science and art of medicine since these primitive times was that the details of which are set forth in the essay, the title of which I have just quoted.

After referring to the means hitherto employed to ascertain the curative powers of drugs, Hahnemann dwells on the want of specific remedies. "The better, the more discerning and conscientious physicians," he writes, "have from time to time sought for remedies which should remove disease radically—in one word, for specific remedies—the most desirable, the most praiseworthy undertaking that can be imagined." The search for specific remedies, then, was the goal which Hahnemann endeavoured to reach.

In prosecuting this search it became necessary for him *first* to ascertain the effects upon the healthy human body which followed the ingestion of drugs. *Secondly*, he required to know what relation appeared to subsist between the action of a drug upon the healthy human body, and any disease which it had appeared to have been the means of curing.

The first principle he here lays down as necessary to solve these propositions is thus stated:—"In order to ascertain the actions of remedial agents for the purpose of applying them to the relief of human suffering, we

* Vol. ii., part 3, 1796, and *Lesser Writings*, p. 295. London: Headland, 1851.

should trust as little as possible to chance, but should go to work as rationally and methodically as possible." Then, after summing up the review of the modes hitherto adopted of ascertaining the medicinal powers of drugs with which, as I have said, he commenced this essay, he says: "Nothing then remains but to test the medicines we wish to investigate on the human body itself." Not, as had been done in all ages, on diseased organisms, but upon men and women in a state of health. He next propounds two questions which must be answered in such an inquiry as this:—(1) "What is the pure action of each [drug] by itself on the human body?" And then, in order that the knowledge thus obtained may be utilised clinically, (2) "what do observations of its action in this or that simple or complex disease teach us?"

"The last object," he continues, "is partly obtained in the practical writings of the best observers of all ages, but more especially of later times." The complications so often occurring in them compel him, however, to acknowledge that "we still require some natural normal standards, whereby we may be enabled to judge of the value and degree of truth of these observations." This standard is described as one to be only derived from the effects that a given medicinal substance has, by itself, in this and that dose developed in the healthy human body. With the exception of observations by Haller and von Stoercke made with three or four drugs, which might be correctly regarded as an answer to the first of the two questions Hahnemann set out to answer, the statement here given by him of the only real source from which we can obtain a knowledge of the powers of drugs upon man was made for the first time in the history of medicine. It furnished the basis of that science which the *Lancet* defined a dozen years ago as "the science of the action of remedies, which deals with the modifications produced in healthy conditions by the operation of substances capable of producing modifications,"*—the science of pharmacology.

Further knowledge of this kind he directs us to seek for in the histories of designedly or accidentally swallowed medicines and poisons, and such as have

been purposely taken by persons in order to test them. Such a collection of observations would, he thinks, prove to be "the foundation stone of a *Materia Medica*, the sacred book of its revelation." We have to-day such a collection of observations in the *Cyclopædia of Drug Pathogenesis*, provided for us by the zeal and industry of Dr. Richard Hughes, and the late Dr. Dake, of Pittsburgh in the United States.

It is important to notice—and never was it more so than it is at the present time—that Hahnemann clearly recognised that when we have learned, from such a source as he had described the real effects produced by medicinal substances, a key to their clinical application was still wanting. "Perhaps," he writes, "I am so fortunate as to be able to point out the principle under the guidance of which the *lacunæ* in medicine may be filled up, and the science perfected by the gradual discovery and application on rational principles of a suitable specific remedy for each, more especially for each chronic disease among the hitherto known (and among still unknown) medicines.

"It is contained, I may say, in the following axioms:—Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiarly marked and violent the disease.

"We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured—*similia similibus*."

Then, separating the fact from the theory offered in explanation of it, he says, "in order to cure radically certain chronic diseases we must search for medicines that can excite a similar disease (the more similar the better) in the human body."

The explanation here given by Hahnemann of the fact he had established is one which is purely speculative, one of the truth of which there is no evidence. It was probably based upon the doctrine, then recently taught by John Hunter, that "no two actions can take place in the same constitution nor in the same part at one and the same time No two different fevers, can

exist in the same constitution, nor two local diseases in the same part at the same time."—*Treatise on the Blood, Inflammation, and Gunshot Wounds*, p. 3.

Hahnemann established a fact of the reality of which he had clinical proof. To endeavour to go further, and seek for an explanation of it, was but to exhibit the natural tendency of the human mind to learn the reasons "how" and "why." *Felix qui potuit rerum cognoscere causas*.

A few years later he seems to have recognised his error, for he writes, "It matters little what may be the scientific explanation of *how it takes place*; I do not attach much importance to the attempts made to explain it." A century has elapsed since Hahnemann declared the fact that *similia similibus curentur* was the truest guide to the selection of drug remedies, and a scientific explanation of it is still a desideratum.

In this essay Hahnemann commended this principle of drug selection to his professional brethren as a trustworthy basis for the treatment of chronic diseases. In acute disease palliative remedies suggested by the principle *contraria contrariis curantur* were, he said, in the absence of any knowledge of "rapidly acting specifics,"—a knowledge of which he obtained a few years later—palliatives were proper, inasmuch as, "if we remove all obstacles, Nature will herself generally conquer." The palliatives he recites are "medicines which produce an opposite condition: for example, constipation by purgatives; inflamed blood by venesection, cold, and nitre; acidity in the stomach by alkalies; pains by opium." Such remedies, he says, "I call temporary."

Two other points are referred to in this essay which have ever been prominent features of Hahnemann's therapeutic method. Neither, however, is elaborated or definitely demonstrated.

Of the proper dose of a specifically acting medicine, he says it is one that is "very small"; and again he speaks of it as "the smallest possible." That by these terms Hahnemann meant something very different from the quantities which subsequent experience led him to consider sufficient, is clear from his naming in his illustrations one-tenth and one-twelfth of a grain as being the appropriate dose of arsenic.

The second point I alluded to is the single medicine. He had pleaded for this simplicity during many previous years. Cullen, however, though living in an age when polypharmacy was rife, had preceded him in urging the employment of single remedies. Dr. Warburton Begbie on one occasion quoted the Scotch professor as saying to his students, "You must not be surprised that I use only one remedy when I might employ two or three; for in using a multiplicity of remedies, when a cure does succeed it is not easy to perceive which is the most effectual. I wish that you may always have some opportunity of judging with regard to their proper effects." In the 1796 essay Hahnemann refers to this element of simplicity in prescribing in a note, where he says, "The habit still prevails in medicine of mixing together several different medicines. How was it possible," he asks, "to differentiate the powers of different medicines?" As his experience increased, as his therapeutic method was developed, the importance of giving medicines singly, uncombined with any others, was ever more and more earnestly pressed by him.

In this, the first of Hahnemann's Essays in which he set forth the principles which he considered necessary to accomplish a complete reform in therapeutics, I have shown you that he dwelt upon the following topics:—

The necessity for a reform in therapeutics.

The displacement of venesection from the category of remedial agents to the subordinate position of a palliative, to be used only in the absence of any knowledge of rapidly acting specifics.

The nature and need of medicines which should act specifically.

The study of drugs by experimental inquiries into their powers of modifying the health of the body.

Their clinical application by the guidance of the principle *similia similibus curentur*.

Their administration singly and in small doses.

How far, I proceed now to inquire, have the principles here sought met with acceptance from, and been endorsed by, the teachers of medicine in our own time?

With regard to the need of therapeutic reform, not only in Hahnemann's day, but amongst those who in our own professedly repudiate his teaching, the consensus of opinion is enormous. Moreover, it is so well known

that I might be excused from further mentioning it. I will, however, quote one sentence from the pen of a physician of great learning and large experience; one, moreover, who I believe is truly desirous of improving the therapeutic art, could he but see how to do so without involving himself in an acknowledgment that the teaching of Hahnemann was sound. Speaking of therapeutics, "Our ideas," says Dr. Lauder Brunton, "are often hazy and indefinite. We give medicine at random, with no defined idea of what it should do, and trusting to chance for good results. When a remedy fails in its work we can give no reason for the failure. We do not even seek out a reason."* Hence, as the late Sir Andrew Clark said of the treatment of disease, "this the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition."

Surely such opinion from such men abundantly justifies Hahnemann's desire for "more light," and his repudiation in their entirety of the therapeutic measures handed down disguised as the "wisdom and experience of 2,000 years."

Secondly, is the view entertained by Hahnemann in 1796 that venesection was no remedy for disease, but merely a palliative to remove obstructions, and so give to Nature a chance to assert her power of struggling to avoid death, endorsed by the physicians and teachers of our time, who refuse to employ those rapidly acting specifics, by the discovery of which in later years Hahnemann was enabled to dispense with the necessity for this spoliative measure.

In considering this very interesting question, I must ask you to remember that Hahnemann's teaching was the result of a purely clinical induction. Marshall Hall and John Reid of St. Andrews (in his "Essay on Asphyxia"), whose researches provided the anatomical and physiological data which scientifically demonstrated the only possible sphere of blood-letting as a therapeutic measure, did so 40 years later. Hahnemann's observation was purely clinical, and the scientific demonstration of its accuracy was a tribute, and no small one either, to

* *Goulstonian Lectures*, 1877, p. 52.

the acuteness of his perception and the soundness of his judgment.

The late Dr. Markham, in his Goulstonian Lectures at the Royal College of Physicians in 1864, said, "Physiology, pathology, and experience all concur in teaching us that venesection has no directly beneficial influence over inflammations. It is only of service during certain stages of these inflammations, in which the action of the heart and lungs is impeded; its use lies in removing the obstructions which arise incidentally out of those inflammations" (*Brit. Med. Journal*, 1864).

Dr. Wilks, also of Guy's Hospital, shows his view of the sphere of venesection in therapeutics in a lecture published in the *Medical Times and Gazette*, 1868, p. 599, where in giving the details of a case illustrating its sphere of usefulness—and a singularly apposite one it is—said, "The lungs were gorged, the right side of the heart loaded, and the lancet came just in time to disencumber the overburdened organs, and so allowed them free play again for their functions."

In Hahnemann's words, bloodletting is employed nowadays, where it is employed at all, to effect the removal of obstacles—a temporary removal it may be—when "nature will generally conquer or the patient succumb."

On the question of the use of bloodletting, the views taught by Hahnemann in 1796 are precisely those of physicians to-day, who persist in ignoring the value of "those rapidly acting specifics" which the study derived from his therapeutic doctrines has led to the discovery of, and removed all necessity for bloodletting in any case. To the influence of the teaching and practice of Hahnemann, and those who have followed his lead, we owe our deliverance from one of the most destructive of the spoliative therapeutic measures which have come down to us from the days of Hippocrates. Not only was it regarded as a remedy in, but as a preventative of, disease. Every spring and autumn, people who ailed nothing were bled to prevent them having something. I remember, when an assistant to a surgeon-apothecary in the Midlands, on going through one of the streets of the town where he lived, being hailed by a sturdy, healthy-looking publican standing at the entrance of his house, with the question whether Mr. Watson would

"be at home this afternoon." On replying in the affirmative, he said, "That's right, I was thinking of coming to get bled this afternoon." Looking at the man, to all appearance in the full vigour of health, I thought that it must have been such an one as he who furnished the corpse for the grave on the headstone of which was inscribed—

"I was well, I would be better,
And here I am."

How common was the spring and fall practice of bloodletting during the first half of this century, and how disastrous were its effects, are illustrated by a statement of Dr. Wilks.* He said that he had often asked the late Mr. Monson Hills, who for many years was cupper and surgery attendant, and for all practical purposes house-surgeon, at Guy's Hospital, as to his experience of the time when persons came to the hospital, especially at the "spring and fall," to be bled by the dozen or twenty in the morning. After I had supposed that they would walk in and as quietly walk out after the operation, he would answer, "No such thing; they commonly fainted, and they might be seen lying in rows on the surgery floor like so many slaughtered sheep." Dr. Markham quoted the late Dr. Stokes, of Dublin, as saying that "when I was a student of the Meath Hospital hardly a morning passed when some twenty or thirty unfortunate creatures were not phlebotomised. The floor was running with blood to such an extent that it was difficult to cross the prescribing hall for fear of slipping. Patients were seen wallowing in their own blood."

It was the influence of Hahnemann's teaching in 1796 that first reduced bloodletting from its ancient position as a remedial agent in disease to that very subsidiary one, a palliative.

As its use was abandoned in the treatment of disease until it became, as the late Dr. Gross, the brilliant surgeon of Philadelphia, styled it, "a lost art," so bloodletting, as a preventive of disease, went out of fashion, and the surgery floors of our hospitals ceased to present that analogy to the floors of slaughter-houses that they

* *Medical Times and Gazette*, June 6th, 1868, p. 599.

are said to have done both at Guy's and at the Meath Hospital half a century ago.

The idea of the nature of specifics taught by Hahnemann differed from that looked forward to by his predecessors, and from that which is entertained by the great body of the profession to-day. Lord Bacon* deplored the want of "particular medicines which, by a specific property, are adapted to particular diseases." Sydenham, too, looked to the discovery of specifics as the chief object of medicine; but it was of specifics for individual diseases, such as cinchona bark was thought to be in ague.

Hahnemann, on the contrary, did not think it possible to find any "thoroughly specific remedy for any disease of such and such a name burdened," he says in explanation, "with all the ramifications, concomitant affections, and variations which, in all pathological works, are so often detailed as essential to its character, as invariably pertaining to it." On the other hand, he says, "I am convinced that there are as many specifics as there are different states of individual disease; i.e., there are peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system." The difference between the two views is great. Cinchona bark or quinine, for example, is held to be a specific for intermittent fever. To the greater proportion of cases it is so, but there remain many over which it exerts no specific influence. It is to morbid conditions, rather than to concrete diseases, that Hahnemann saw the need for, and at the same time the possibility of discovering specifics. The truth of this I have not seen anywhere recognised excepting in the writings of Hahnemann and those who have followed his therapeutic guidance. Still, the anxiety to acquire a knowledge of specifics in some form has been well pronounced on more than one occasion during the last hundred years. The late Professor Alison, of Edinburgh, wrote that he looked for the increasing efficacy and usefulness of medicine partly "in the discovery of specifics which may counteract the different diseases and actions of which the body is susceptible as effectually as the cinchona does the intermittent fever."†

* Russell's *Heroes and History of Medicine*, p. — 94.

† "History of Medicine," prefixed to the *Encyclopædia of Practical Medicine*, p. 110.

Hahneman regarded his method as one leading to the discovery of medicines acting specifically upon morbid conditions, and he originally termed it the *doctrine of specifics*; not until twelve years later do we find him referring to it as *homœopathic*.*

The late venerable Sir Thomas Watson, though making no allusion to specifics, in his address at the Clinical Society in 1868 expressed his desire to see therapeutics characterised by "more exactness of knowledge, and therefore more direct and intelligent purpose and more successful aim in what," he said, "is really the end and aim of all our labours—the application of remedies for the cure or relief of disease." To this end he urged an inquiry which was strikingly similar in its plan to that conducted by Hahnemann. He detailed this plan in the course of his address: first requiring "full and exact descriptions by competent and accurate observers of the symptoms, circumstances, and progress of disease in the living body, and of its behaviour under treatment by medicine prescribed with singleness and simplicity, and a definite aim or object, or sometimes it may be, of its behaviour under no treatment at all—authentic reports of trials with medicinal substances on the healthy human body—contributions of this order, multiplied in number, compared together, contrasted, sifted, and discussed by a variety of keen and instructed minds, of minds sceptical in the best and true sense of that word;" and then, with precisely the same hopes which stirred Hahnemann to undertake those enquiries which led to the publication of the essay, the teaching of which I have brought before you this afternoon, he looked to such a method of research as one that "must lead at length, tardily but surely, to a better ascertainment of the rules—peradventure to the discovery even of the laws—by which our practice should be guided, and so bring up the therapeutic and crowning department of medicine to a nearer level with those which are strictly ministerial and subservient to this." Such a research as this it was that enabled Hahnemann in 1796 to point out to us "the law by which our practice should be guided." Were it repeated to-day, his conclusions, arrived at a century ago, would but be confirmed.

* Dudgeon's *Lectures on Homœopathy*, p. 56.

It is, however, in the method of studying drug action it describes, and the mode in which the knowledge so obtained should be clinically applied, that its chief interest is centred.

Discarding all dependence upon chance, by which the knowledge of most remedies had been acquired, or upon "unguided experiment," to which Dr. Gowers, of University College Hospital, said a few weeks ago, that practitioners were indebted for a knowledge of nearly all drugs of "most certain service," Hahnemann insisted that "to ascertain the actions of remedial agents for the purpose of applying them to the relief of human suffering we should trust as little as possible to chance, but go to work as rationally and methodically as possible." That, in order to accomplish this, we should study the effects which a given medicinal substance, in this and that dose, has by itself developed in the healthy human body.* We were, in short, directed to acquire a knowledge of the "modifications produced in healthy conditions by the operation of substances capable of producing modifications."† This was what Hahnemann taught in 1796; this also was the definition of pharmacology given in the *Lancet* just 12 years ago, on the occasion of the institution of a Pharmacological Section by the British Medical Association.

Fifty years passed away after Hahnemann had traced out the line of research needed to obtain a knowledge of the action of drugs, and had pointed out the way in which the information thus acquired might be utilised in the treatment of disease, ere any impression of its value had been made upon any representative body of the medical profession. In 1842, however, at a scientific Congress held in Strasburg, the following resolution was passed by the medical section of that body:—"The third section are unanimously of opinion that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics; and that it is desirable that all known facts should be methodically and scrupulously collected, and with prudence, cautiousness and scientific exactness arranged, written out, and published."‡

* *Lesser Writings*, p. 811.

† *Lancet*, 1884.

‡ Sharp's *Essays on Medicine*, p. 419.

The next step in advance in this direction was taken 23 years later, when Dr. (now Sir Henry) Acland introduced the subject from the chair of the section of the British Association for the Advancement of Science over which he presided at Birmingham in 1865, when the following resolution was agreed to, and was afterwards presented as a memorial to the General Medical Council.

“Having regard to the observations of the President, Professor Acland, in his Inaugural Address, the Committee of the Subsection of Physiology desire respectfully to intimate their opinion of the great advantage which would accrue to physiological (and thereby to medical) science if the General Council should think fit, by pecuniary grants and the appointment of suitable persons, to undertake investigations into the physiological action of medicine. A few agents, when administered in poisonous doses, have alone been made the subjects of such research; and whilst the remedial effects of even such well-known agents as quinine have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rests only upon ordinary observation and general inferences. The Committee is well aware of the extreme difficulty of prosecuting exact physiological enquiries in states of disease, and, above all, of the necessity of devising new modes of investigation; but bearing in mind recent researches of an analogous nature in health, they do not doubt there are physiologists and physicians, of approved ability in such researches, who would be able to devise the methods and bring the results to a satisfactory conclusion. The Committee also venture to suggest that no experiments should be regarded as satisfactory which (in addition to others) are not made in ordinary medicinal doses in the disease for the relief of which the remedies are administered (as well as in poisonous doses), and which are not performed with all the care and exactitude known in modern physiological research.”

This memorial was presented to the General Medical Council, but as the duties assigned to that body are defined by an Act of Parliament, it was clearly shown that to grant its prayer would have been *ultra vires*;

even so, however, five members voted for the adoption of the proposal.

In 1866, when the Association met at Nottingham, the late Dr. Sharp of Rugby read a paper on the "Physiological Action of Medicines," in which he pressed upon the attention of the Association the mode of studying the action of medicines developed by Hahnemann, saying that if the British Association would "inaugurate a new investigation into the properties and uses of drugs as medicines, it would add another claim to the gratitude of England for the helping hand which it had held out to all lovers of science, a claim the magnitude of which could not easily be exaggerated."*

A few years later Drs. Ringer and Murrell studied the actions of gelsemium† and jaborandi,‡ after the manner of Hahnemann, and added considerably to our knowledge of the medicinal properties of these two drugs.

Ten years afterwards the British Medical Association expressed its sense of the importance of pharmacology by instituting a special section for its study and discussion at its annual meeting. So great was felt to be the increase of power likely to result to medicine from the cultivation of this study of "the modifications produced in healthy conditions by the operation of substances capable of producing modifications," as the *Lancet* § described it, that this journal, fearful lest its rival might have the credit of its establishment, hastened to assert its own claims to having brought about this result. "From time to time," says the editor, "special articles on the subject appear in our pages—a course which has doubtless stimulated the British Medical Association to take the step referred to; and there is hardly an original paper, either on the physiological action of drugs or their practical application to the treatment of disease, which has not received attention at our hands." These original papers were limited chiefly, I believe, to the contributions of Drs. Ringer and Murrell. "Pharmacology," continues the editor, "has a brilliant future before it; and great credit is due to those who have devoted their time and energy to promoting and popularising the subject."

* Sharp, *ibid.*, p. 421.

† *Lancet*, 1875-6.

‡ *Practitioner*, 1876.

§ *Lancet*, August 16th, 1884.

The address read at the first meeting of the new section was by no means encouraging to those who looked for useful work from it in the future. The following year, however, Prof. Fraser, of Edinburgh, opened its proceedings with one of great interest. Defining pharmacology, he said: "This science—the science of the action of remedial substances—deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with the elucidation of the changes, with determining what remedies do." Presently he shows his full recognition of the difficulty of making use of the knowledge of "what remedies do," and that he is quite alive to the fact that the application of pharmacological knowledge to the cure of disease constitutes a problem which is altogether separate from that determining the action of remedies. Just as Hahnemann in this essay in 1796, after describing how a knowledge of "what remedies do" might be obtained through the study of the "pure action of each by itself on the human body," added that in a collection of such observations we find the true nature, the real action of medicinal substances, and from them alone could we learn in what cases of disease they may be employed with success and certainty, so also did he say, "As the key—for this is still wanting—perhaps I am so fortunate as to be able to point out the principle under the guidance of which the lacunæ in medicine may be filled up, and the science perfected by the gradual discovery and application, on *rational* principles, of a suitable specific remedy for each" disease.* Thus Hahnemann in 1796, and Fraser in 1885, agreed that pharmacological knowledge alone was insufficient for therapeutic purposes. The former, however, bridges the gulf which existed between pharmacological knowledge and the treatment of disease by a therapeutic principle. How fruitful in gratifying results this spanning of the gulf has been during the last century, all have recognised who have availed themselves of it.

Professor Fraser regarded the application of pharmacology to therapeutics as impossible until the exact changes from normal functions have been ascertained,

* *Lesser Writings*, p. 311.

and until pathology has determined and gauged the kind and degree of the changes which exhibit themselves as symptoms of disease. On these terms we may ask, how long will it be ere these changes in function produced by disease will be exactly ascertained? How many years will have sped their course ere the investigations have been completed which are necessary to the determination of the kind and degree of the changes which exhibit themselves as symptoms of disease? But supposing that time to have arrived (prior to the Greek Kalends), how are we to apply the acquired knowledge so as to utilise that afforded by pharmacology? On this point Professor Fraser showed a silence which, at any rate, was discreet. But why this delay, this only too practical demonstration of the well-known fact, *ars longa, vita brevis*? We have in our possession the results of numerous experiments made with a large number of substances used as remedies. We have the records of cases of poisoning by a considerable proportion of them, and in not a few instances we have been able to study the actual tissue derangements brought about by them as revealed in *post-mortem* examinations; and yet again we have in a few, the deductions made by physiologists on their *modus operandi*, as revealed by experiments made on the lower animals. Of all these sources of pharmacological knowledge, the experiments on human beings have proved far and away the most useful for clinical purposes. These experiments show to us the perturbations of normal physiological functions, precisely in the same manner as ordinary diseases display them, viz. by symptoms, objective and subjective. We are, therefore, just as well able to infer the special tissue or tissues disturbed, and the particular function disordered by a drug, as we are those which arise from one of the ordinary causes of disease. And experience has abundantly proved that, however interesting and desirable may be the possession of more light on both departments of knowledge, what we have is adequate to obtain the relief of suffering and the cure of disease, so far as either is capable of being secured by drug remedies—provided that we rightly apply the one to the other.

Within three months of Prof. Fraser's disquisition on the importance of pharmacology in the present, and

its therapeutic value in the somewhat distant future, another authority in clinical medicine came forward at Birmingham, and pronounced, I cannot say his benediction, upon pharmacology; for, indeed, he gave it that faint praise which has proverbially the semblance of a curse about it. Nevertheless the opinion Dr. Wilks expressed in his discourse on Medical Treatment was entirely in harmony with that of the larger majority of the members of the profession of medicine. Speaking of pharmacology, he says, "This method" (of studying the action of drugs, that is to say) "has seemed to me to have often failed when put into practice, and so to have brought discredit upon the therapeutic art." That this was a perfectly correct estimate of it Dr. Wilks proceeded to illustrate by several examples of such failure. Time prevents my referring to more than one or two of them; all, however, carry with them the same lesson.

Of strychnine he says: "This excites the spinal cord and throws the creature into movement; therefore it must be a remedy for paralysis. A human being cannot move his arms or legs, but this drug shall throw them into action. Now I have seen," he adds, "hundreds—many hundreds—of persons with paralysis take strychnine, and I never remember to have seen it of any service. I should regard it as almost a useless remedy in this disease." It is interesting to note here that Dr. Lauder Brunton speaks of Magendie's experiments with *nux vomica* in 1809, whose property he found to be, like that of *upas*, to act specially on the spinal cord, to have provided "the therapeutical employment of the first-fruits of pharmacological research." While seeking for an opportunity of applying in practice this knowledge of the special action of *nux vomica* upon the spinal cord, "he was," says Dr. Brunton, "forestalled by M. Fouquier, who was induced, probably by the publication of Magendie's research, to use *nux vomica* in cases of paralysis. His success was great; the results he obtained were shortly after confirmed by Magendie himself." "To pharmacological research, therefore" adds Dr. Brunton, "we owe one of the most valuable remedies we possess." On the other hand, Dr. Wilks regards this product of pharmacological research as "almost a useless remedy" in the disease in which the therapeutic idea of the day led to its employment. "It excites the

spinal cord and throws the creature into movement ; therefore," says Dr. Wilks, speaking the language of the modern pharmacologist, "it must be a remedy for paralysis." How contrary is this conclusion to the facts which observation has provided alike in this and analogous instances ! The fact that it does produce this excitement of the spinal cord ought to be sufficient to convince a scientific and practical pharmacologist of the complete accuracy of Dr. Hughes' statement regarding this antipathic use of strychnine : "The internal use of this drug as a remedy in paralysis of central origin has been fraught with disappointment, and has frequently wrought mischief when the condition of the nervous centres has been one of congestion or inflammation." But, said Dr. Wilks, "it is most valuable in gastric and intestinal weakness, but I am not aware that its administration in these disorders was due to any suggestion of the physiologist." Perhaps he is not ; but it was owing to the pharmacological experiments of Hahnemann, first published in 1805, that, applying nux vomica by the guidance of the principle that there must be a similarity between the action of a drug and the phenomena of disease, its value in these disorders was first known ; and this bit of therapeutic practice was one of the earliest adopted by the medical opponents of homœopathy—illustrations of which I remember seeing in one or other of the medical journals fully 40 years ago. That is how this sphere of action of strychnine, the alkaloid of nux vomica, came into general use.

Conium is another drug which Dr. Wilks quotes the use of to prove the valueless character of pharmacology. "The experiments showed how it rendered inactive the motor columns of the spinal cord, and therefore it was a remedy for chorea. It was given largely, even to poisonous doses, and then put aside as valueless." Dr. John Harley, to whose experiments, and to whose therapeutic inferences from them, Dr. Wilks here alludes, has really done useful work by his enquiries, even though his therapeutic deductions, based as they are on the therapeutic principle of *contraria contrariis curantur*—a *remanet* of the wisdom of 2,000 years, have rightly been set aside as worthless. Used by the light of the maxim *similia similibus curentur*—albeit those who do so are described by him as being "blindly led by an

unscientific dogma,"—used, I say, by the light of the rule *similia similibus curentur*, they have been and are capable of being turned to most valuable account.

One more of Dr. Wilks's illustrations I must give, it is too striking to be omitted. He mentions digitalis, and of it he says, "It is true that experiments with digitalis show similar results to those observed where it is given as a remedy in disease of the heart;" but he adds, "It is quite another thing to assert that the results obtained in the first place by experiments on animals could have suggested its use in the case of the feeble irregular heart of mitral disease." In the absence of Hahnemann's guiding principle this is true, but refer to his experiments and observations on its effects as presented in the *Materia Medica Pura*. We read in his preface to it, written in 1825, "From the following symptoms, which are by no means complete as to their number, it is undeniably evident that the morbid conditions of a chronic character physicians have sometimes hitherto cured with foxglove were all, without exception, cured homœopathically, although they were unaware of the fact."

Therefore Dr. Wilks, and others of the same school of therapeutic thought, would have us believe that pharmacology is more or less useless to the physician, because "it has so often failed when put into practice." Yes, but how has it been put into practice where it has failed? Obviously, on Dr. Wilks's own showing, it has been applied in harmony with the principle, *contraria contrariis curantur*. If there were no other method of applying the results of pharmacological research, I admit at once that such research would be of little or no value at all.

Contraria contrariis curantur is not the bridge that spans the deep and wide gulf which, we have been told, "separates the pharmacologist labouring to elucidate the mysteries of the subtle action of drugs upon the intricate and complicated human organism, and the therapist struggling to apply these results in the treatment of disease." Dr. Wilks has proved by the illustrations he has given that it is not so. But these illustrations are very far from proving that pharmacology is of no use. Of this I will give two illustrations from hospital physicians in London at this moment. Dr.

Sidney Ringer found that jaborandi produced extreme diaphoresis. "In a short space of time the perspiration rapidly increases, the sweat running down the body and soaking the clothes."* The gentleman who introduced this drug into practice, Dr. Continho, of Pernambuco, recommended it as a powerful diaphoretic. Not so, however, Dr. Ringer. "Pilocarpine," the active principle of jaborandi, he says, "in doses of one-twentieth of a grain, given thrice daily, will check profuse perspiration; and I have often found it useful in the sweating of phthisis, and other observers have verified my statement."

Another illustration that I will quote, as showing the value of pharmacology when illuminated by *similia similibus curentur* as the principle of drug selection, is that of uranium nitrate in diabetes. Here is a salt, the pathogenetic properties of which were wholly unknown until experiments with it, by M. Leconte, showed that in dogs it produced sugar in the urine. M. Leconte's thesis was published in 1853. In 1860, Dr. Bradford, then of Charleston, South Carolina, pointed out in the *North American Journal of Homœopathy* that Leconte's experiments offered a *primâ facie* reason for expecting it to be useful in diabetes in the human subject; a suggestion, his following up of which had furnished him with satisfactory results in the few cases in which he had had the opportunity of trying it. In 1866 Dr. Hughes reported its successful use in some instances; and in 1874 Mr. Carey, house surgeon of the West Ham Dispensary, reported his success in using this drug in diabetes in the *Lancet*, in which he gave full credit to his homœopathic precursors, a degree of scientific justice which the *Lancet* at that time could not tolerate, and the editor accordingly suppressed this part of Mr. Carey's report. Last year, again, Dr. Samuel West pointed out and illustrated, from the records of cases in his hospital and private practice, the value of uranium nitrate in diabetes. He was induced to try it in this form of disease by the fact that, as he says, "Dr. Hughes, a homœopathic physician, had suggested its use in diabetes," from Leconte's having shown it to produce glycosuria in dogs; and secondly from the experiments of Chittenden and Lambert, in 1888 and 1889, having

* *Handbook of Therapeutics*, p. 505.

shown it to have the power of checking the rapid digestion of starch. Remember, however, that the original selection of this drug as a remedy in diabetes was suggested by Hahnemann's principle of drug selection applied to the pharmacological inquiry of which it had been the subject; the theory explaining its *modus operandi* in the cure of diabetes is but an illustration of the wisdom that comes after the event—wisdom which is proverbially easy of attainment. Indeed, Dr. West admits that “as to its mode of action we can do nothing but speculate.” The *mode of action* of a drug is ever a matter of speculation. The reason which governs its *selection* is a matter of fact, one that was suspected to be a fact partially true by Hippocrates and by many another observer, more acute than the average man, ever since his time.

Notwithstanding, however, the obvious necessity of a knowledge of the effects produced by drugs upon man in a state of health, before applying them to relieve him of disease, the science of pharmacology initiated by Hahnemann in 1796, and extended in its measures of research as scientific knowledge has advanced, has received a check at the hands of the Royal College of Physicians by the College resolving on the 13th of last June to omit pharmacology from the third or final examination for its licence to practice. “This new departure,” said the President of the Pharmaceutical Association last week, “was casting discredit on the use of medicines as a factor of the healing art.” A cloud has thus come over the prospect of that “brilliant future” which only a dozen years ago the *Lancet* predicted for it. It is, I am persuaded, only a cloud, and that it is, moreover, one with a silver lining.

That pharmacology is valuable is generally admitted, but then comes the question, how can it be utilised at the bedside? “*What will he do with it?*” as the first Lord Lytton entitled one of his best novels. Hahnemann, as I have shown you, pointed out the difficulty, and offered a solution of it, one which has been abundantly proved to have been a true one during the last hundred years. The late Dr. Bristowe pointed to it in his address in Medicine at the British Medical Association meeting in 1881. “We must,” he said, “admit the truth of the homoeopathic view of the relations

between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body" (*British Medical Journal*, August, 1881). That is the true secret, the real cause of the omission of pharmacology from the examinations for the diploma of the Conjoint Board of the Colleges of Physicians and Surgeons.

Pharmacology, *plus* the rule of drug selection established by Hahnemann in 1796, constitutes a therapeutic doctrine of the greatest importance and value to the practitioner of medicine. Separate these two points, and the first becomes useless for therapeutic purposes, while the second is impossible of application. United, they furnish the physician with a power he cannot otherwise wield, excepting indeed by accident; and even then he unconsciously acts upon it.

Thus Dr. Murrell (*Lancet*, February 22nd, 1896) writes that pharmacological observations are "not made with the view of curing disease, but with the view of ascertaining the actions of the agents employed;" and yet in a sentence or two we are assured, that "pharmacology is the basis of therapeutics and of all rational treatment."

The existence of therapeutic doctrine has been said to be impossible both by Dr. Paris, a former President of the College of Physicians, and by the distinguished physician who now occupies the chair of the College. But doctrine there is, sound and fruitful doctrine, and the clouds which now overshadow pharmacology will not be dispersed until the truth of this doctrine is admitted. There being, then, no means within the purview of the teachers of medicine of how to make pharmacology clinically useful to the practitioner, Professor Clifford Allbutt pleads for it by urging that the "disinterested pursuit of principles—that is, of abstract knowledge apart from immediate reference to practical ends—must be put to the front." Abstract knowledge is all very interesting, doubtless, to the pure scientist,—he can afford to wait for its practical value being demonstrated in years to come; but the man who takes a general practitioner's licence wants to possess knowledge which will enable him to cure disease. Professor Clifford Allbutt says that though pharmacology may now be "thrust out at the door," it will presently "return by

the window." I hope and believe that it will. But I am fully assured that when it does so, it must, if it is to stay, return in such a fashion as to be made of practical value at the bedside. It must return with the teachers of it convinced that there is a connection between the physiological actions of a medicine and its therapeutic effects. They must not regard such a connection as an "error," as did Dr. Sawyer, of Birmingham, in his address on "Therapeutic Progress" (*Medical Times*, August 8th, 1885).

It remains true, as Hahnemann stated a century ago, that the results of pharmacology, to be of any value, must be directed by a therapeutic principle, and that that principle must be the one formulated as *similia similibus curentur*.

The small dose—the small dose, that is, of 1796—has been adopted wherever (except in the recent application by Dr. West of uranium nitrate in the treatment of diabetes) a specifically acting remedy has been appropriated from homœopathic literature. In every instance of this in Dr. Ringer's *Handbook of Therapeutics* the doses in which remedies of this class are advised are such as would have filled the practitioner of fifty years ago with contempt. Imagine, if you can, the indignation of such an one at being directed to "steep four to six heads of camomile flowers in a tea-cupful of boiling water for an hour, and then giving a tea-spoonful hourly," as Dr. Ringer recommends "in the ordinary summer diarrhoea of children."

The most striking illustration of the trend of opinion of the necessity of giving a specifically acting remedy in a small dose appeared a couple of months since in the *Lancet* (May 30th), in a communication by Dr. Lauder Brunton. He gave opium in constipation. He seems to have given it at first indiscriminately to his hospital out-patients complaining of constipation, as he would have done an ordinary aperient—compound rhubarb pills, powders of jalap and scammony, or senna draught. Opium is not an aperient save to those conditions on which it acts specifically,—conditions, *i.e.*, the like of which it will produce. Hence, we are told, the "results were very uncertain. In some cases it acted, but in others there was no action at all." Just what might have been expected. However, in one case, a private

one, it seems to have been specific, or in other words homœopathic. In this case Dr. Brunton says, "I did not know exactly what dose to give, and prescribed one minim of the tincture of opium every night. A week afterwards I had a report from the patient's husband to say his wife was no better. I replied, 'Double the quantity.' In a few days the report came, 'She is rather worse.' I then wrote to say, 'Give her half the first dose.' Three or four days afterwards I had a letter to say that the last medicine acted well, if anything a little too violently." This is exactly the experience which every physician must have who does not recognise that, when giving a homœopathically selected remedy, the dose must be smaller, very much smaller, than any he has been accustomed to order of one that is antipathically chosen. As Professor Jörg, of Leipzig, said in his *Contributions to a Future Materia Medica from Experiments with Medicines on Persons in Health*, published in 1825, "On the other hand, medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal arnica will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses, given rise to pains and loose stools, when administered in inflammatory states of the intestines; . . . yet why," he exclaims, "why should I occupy time by adducing more examples of a similar operation of medicines, since it is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing?" (p. 16).

Of a desire for the use of medicines singly and uncombined, very little evidence, I believe, has appeared. Sir Thomas Watson, indeed, endorsed Hahnemann's teaching when he looked forward to the time when medicines would be given "singly and in simplicity."

A century has now elapsed since Hahnemann published the essay the teaching of which I have laid before you. We have seen that of that teaching the position which Hahnemann, in the absence of any knowledge of a substitute for it, assigned to venesection, was that which anatomy, physiology, and clinical

experience have together driven it to occupy in the minds of the physicians of our time. That the method he taught as that which should be pursued in order to acquire a knowledge of specifics and of their selection for the relief of disease, a method which he himself most successfully pursued, has been urged upon the attention of one of our chief medical societies by one of the most esteemed, experienced, and highly cultured physicians of the last half-century.

While, further, we have seen the plan of study which he devised for ascertaining the "modifications produced in healthy conditions by the operation of substances capable of producing modifications," has with the additional means of research to attain the same end which the progress of science has suggested, been declared by leaders of medical thought and study to be the basis of therapeutics; that efforts have been made to apply the knowledge so obtained by the light of Galen's idea of *contraria contrariis curantur*, and that they have failed so conspicuously that the chief among our examining boards no longer requires the candidates for its licence to possess any knowledge of this kind; that when physicians who professedly repudiate the therapeutic doctrine of Hahnemann have, whether designedly or by accident, used the facts supplied by pharmacology in accordance with the principle of similarity, they have recorded striking therapeutic success; and finally, that the small dose has, in the same hands and under similar circumstances, proved to have been not only adequate, but necessary.

Such, then, is the position which Hahnemann's teaching in 1796 fills in the study and practice of medicine at the end of the first century after he had placed it before his profession. "Scientific truth," said Dr. Wilks at the re-opening of Guy's Hospital Physical Society at the beginning of last session—"scientific truth none can withstand." We all know how that throughout the century every obstacle, every obstruction that envy, hatred, malice and ignorance combined could devise has been placed in the way of the promulgation and illustration of Hahnemann's teaching, and yet the first principles of that teaching have permeated the minds of the more thoughtful and cultivated members of our profession. At this moment, of its two most

important features, one is, on the highest authority, declared to be of the greatest consequence to the progress of the healing art; but inasmuch as it is incapable of clinical application without the other, it has been "thrust out of the door;" for has not "authority" declared this other to be everything that is scientifically repulsive? "Truth," said Lord Bacon, "is the daughter of time—not of authority." When the truth of the second part of the therapeutic doctrine that Hahnemann enunciated in 1796 is acknowledged, as in "time" it will be, then, and not before then, will pharmacology, to continue Dr. Clifford Allbutt's illustration, "return by the window." Then, but not before then, will the "brilliant future" predicted for it be rapidly and completely realised.

Then, in the words of him who has been well described as the Cicero of English medicine, then will the therapeutic and crowning department of medicine have been brought up to a nearer level with those which are strictly ministerial and subservient thereto.

Finally, then too will be recognised the true greatness of the work which Hahnemann accomplished for the art of medicine. Then will he, throughout the entire profession of medicine, be regarded, as all who have studied his life of earnest and successful labour, of self-sacrificing devotion to duty, and of zeal in striving to perfect the noble mission to which our lives are consecrated, regard him now—as one worthy of all the honour with which we can enshrine his memory.

ABSTRACT OF DR. ORD'S ESSAY, ON "DRUG-SELECTION BY SEQUENCE OF SYMPTOMS."*

EXPERIENCE has abundantly proved that success in drug-therapeutics depends upon the skill and precision with which the principle of similars is applied by the prescriber. Hitherto homœopaths have believed that those methods first formulated by the illustrious Hahnemann, and based upon the natural indications supplied for us in symptoms, provide the only safe guide in drug-selection.

But the recent advances made in pathology have led some even of our own school to suppose that symptoms,

* Essay presented to the International Homœopathic Congress, August 6th, 1896.

especially when subjective, may have to give place to current pathological theories as the basis for a prescription. Nevertheless the value of symptoms has been more appreciated by even old-school physicians than many suppose, for the late Sir Russell Reynolds said, in the introduction to his well-known *System of Medicine*, "the importance of subjective symptoms sometimes may exceed anything that can be derived from direct observation." Of the fact that modern pathology affords no certain basis for drug-selection, the example of the one acute and common disease whose pathology has been more thoroughly thrashed out than that probably of any other, namely, *pneumonia*, will suffice. In spite of its pathology being so accurately known, the old-school treatment of pneumonia is utterly inadequate and unscientific, no two authorities even agreeing as to a common principle of drug-selection. Chemical antipyretics, cardiac tonics, diaphoretics, stimulants and expectorants, ice-bags and morphia, all have their advocates, and elbow one another in desperate attempts to curry temporary favour with the bewildered general practitioner. Lucky the patient who escapes drug-selection by pathological theorising, and whose case is left, if not to the despised homœopath, at any rate to nature, unfettered by poisonous remedies.

THE APPLICATION OF THE LAW OF SIMILARS.

Turning from the hopelessness of specific treatment where pathological theory is substituted for natural indications, we shall critically examine the methods of utilising symptoms which are in daily use among us, to determine whether a further advance in the scientific application of these principles be not possible, and if so, by what means it may be attained.

The scientific method of treating a case of simple pneumonia we know to be altogether different. For drug-selection pathology is valueless to us, and the patient is no longer regarded as an example of pneumonia for which there is no known specific remedy, but becomes individualised at once by the special symptoms that characterise his case and demand our careful attention.

Scientifically perfect as our homœopathic method is in theory, and vastly superior to all other methods as it is in practice, occasionally a case will arise whose symptoms are of such a nature that it is practically

impossible to decide with certainty on the specific drug required. In a case of pneumonia, symptoms may point to perhaps phosphorus or lycopodium as the indicated remedy, and with such exactness that it may become a mere matter of opinion which is the true drug called for. In a case where the symptoms calling for each drug so closely correspond, as occasionally they do, no repertory will indicate any other remedies but these two, neither will it discriminate between them for us.

It may then be impossible by the ordinary methods of applying the law of similars to distinguish between two remedies each apparently as well indicated by the symptoms. But since both obviously cannot be the homœopathic specific, is there no scientific means of separating them? The answer will be suggested by considering if we have exhausted all possible methods of applying the principle involved, for it is the art of applied homœopathy that is at fault, the law of similars still reigns supreme.

A RETROSPECTIVE APPLICATION OF THE LAW OF SIMILARS TO THE CLINICAL HISTORY.

There is one part of the case that our selection of the remedies phosphorus and lycopodium has ignored, namely, the clinical history. Let us look back, and by a retrospective application of the law of similars to the clinical history ascertain which of these drugs has fitted the case from the first symptom noticed. For this purpose we must observe the sequence of symptoms or more correctly the *sequence of functional disturbances* by which the morbid process has successively invaded the various organs affected.

The method would be briefly this: We should learn that six days before the patient was seen there had been exposure followed by gastric disturbance and diarrhoea, in three days he became short-breathed with oppression and pain of chest, and was seized with severe rigors. Extreme muscular debility followed and that night he was delirious. This clinical history shows the functions of the body to have been successively invaded in this order, viz. gastric, respiratory, sensorial, motor, mental. This sequence is found to characterise the provings of phosphorus as given in the *Cyclopædia of Drug Pathogenesis*, whilst those of lycopodium exhibit a totally different order of disturbances. We should therefore prescribe

phosphorus, with confidence, as being the required specific for the case in hand.

OUR APPLICATION OF THE "LAW OF SIMILARS"
INCOMPLETE.

Since cases undoubtedly occur where it is impossible to distinguish between remedies apparently well indicated, our application of the law of similars must be incomplete. It is so because we ignore clinical history and prescribe only on the symptoms presented to us. Past successes should not blind us to those failures that sometimes are met with, but should rather encourage us to further perfect the art of practising homœopathically. No biologist ignores the development and life history of an organism, nor are symptomatologists justified in neglecting the evolution and clinical history of a morbid condition. Scientific accuracy demands that the selected drug should be known to have produced its pathogenesis, corresponding to the symptoms present, *in a similar order of development*. No practical advance in the art of applied homœopathy can be effected until a retrospective application of its laws is included in our rules of practice. For this purpose

A SCIENTIFIC SYMPTOMATOLOGY IS ESSENTIAL.

Whilst for purposes of diagnosis and prognosis pathology rightly holds the first place, for drug-selection, symptoms are our only reliable guides. But it is only half the truth to select only the indications presented to us at the moment of examining the patient, ignoring those by which they have been preceded. Hahnemann himself dimly recognised the importance of this fact when he discovered that certain remedies were homœopathic to the *after effects* of some abnormal conditions, such as aconite to the results of exposure to cold, and nux to those of high living.

To be truly homœopathic to a disease the remedy must fit the case from the first symptom, and equally in the progress of its evolution. And it is because we practically ignore this fact in symptom-covering by repertory work, that the results of our labours are so often comparatively unsatisfactory in practice unless we guard against this defect by a careful consideration of the drug-type as a whole.

In drug-selection by sequence of symptoms, we require an accurate clinical history of each case, and a fresh

study of the *Materia Medica*, which, instead of merely noting the symptoms produced, observes the order in which the organs and functions have been successively involved in each prover and proving, and from these deduces the sequence which characterises every remedy we employ. It has been found by Professor Woodward, of Chicago, and confirmed by my own studies, that these are readily obtainable for all well-proved drugs.

THE CLASSIFICATION OF SYMPTOMS.

This is the first essential to a study of their sequences. And since symptoms denote disturbance of function, when classifying them as guides for treatment, we must describe them in terms of the *functions* affected, not of the organs which appear to have caused them. A pathological condition of any organ which fails to manifest itself by affecting some function is for purposes of treatment non-existent. Unless a function is suppressed or abnormally hindered or over-stimulated no symptom can appear. And as the performance of its allotted function is the object for which every organ exists, any irregularity in its working is nature's indication of the condition of that organ. This we can therefore most correctly describe in terms of the function involved.

The same principle applies to reflex symptoms, which for similar reasons must be referred not to their original cause, which we often fail to detect, but to that organ whose function they tell us is reflexly disturbed. Thus a congested liver may first cause headache, or an inflamed ovary palpitation, and it may not be until another function is disturbed and we get perhaps diarrhoea or a painful menstruation that the true cause of either trouble is perceived. For the law of similars if correctly applied to the clinical history will in the first instance require a remedy that has produced in provers headache *followed by diarrhoea*, and in the second one that caused palpitation *preceding* painful menstruation. If through our knowledge of pathology we discover the gastric origin of the headache and give a drug that has produced the symptoms in reverse order, or in the second case one that disturbs the reproductive system before palpitation is produced, we are ignoring the requirements of the law of similars by fitting dissimilar sequences together, which may be pathological prescribing but is certainly not homœopathic nor truly scientific.

It is evident then (1) that every symptom must be regarded as a disturbance of function, (2) and must be expressed in terms of the function of that organ by which it is exhibited. To classify symptoms naturally and scientifically we must *first* define the several functions by the disturbance of some one of which every possible symptom is manifested, and *secondly* arrange all organs into groups according to the function performed by each. The only sure foundation for such a classification is found in the embryonic origin of each part, guided by which the table in my essay has been prepared. By this every clinical history can be expressed in terms of the sequence of functional disturbances which have resulted in the condition presented to us.

SEQUENCES OF SYMPTOMS IN DRUG PROVINGS.

Thanks to the compilers of the *Cyclopædia of Drug Pathogenesis* these may be readily examined. Although the order of symptoms produced by a drug in various provers seems hopelessly irregular, when these symptoms are expressed in terms of the functions involved, order is at once restored, and we find that the systemic functions are affected in the same order by the same drug. It is only in the actual symptom produced that irregularity occurs, one prover may denote the disturbance of a function by a certain symptom and another will express the same functional derangement by a different symptom, even exhibited by another organ.

Thus Dr. Woodward and myself had prepared unknown to each other and utilised with success in daily work sequences of some 48 drugs. Of these it was found on comparison that the sequences of 12 were identical, 26 differed in the position of only one function out of the eight involved, in eight cases the positions of two functions varied and in only two was a greater discrepancy found. Examples of these sequences, illustrating their use in practice will be found in the *Monthly Homœopathic Review* for August last.

SEQUENCE OF SYMPTOMS IN CHRONIC DISEASES AND DIATHESES.

Evidence is accumulating that this application of the law of similars to the clinical history of a recent or acute affection, may be further extended to those gradual

processes that in the possessors of unsound constitutions often culminate in chronic disease. That hereditary dispositions and diatheses exhibit their presence by gradually involving the systemic functions one after another is an admitted fact. May they not be manifesting their true nature and even suggesting their specific remedy by the sequence observed in those successive maladies that appear in the life history of an unsound constitution? It is this principle that underlies the fact of some persons responding to certain remedies which nearly always benefit them, and exhibiting types which we often describe in terms of the drug that relieves them. The sequences of functional derangements exhibited in the clinical life history of these cases will be found to correspond to those of the remedies to whose types they correspond homœopathically. By such a retrospective application of the law of similars it seems probable that the specific remedy corresponding to the diathesis underlying a chronic disease, may be more readily discovered than by minute symptom-covering.

CONCLUSION.

The principles formulated above involve no new theory that need be approached with suspicion, seeing that they rest upon the foundation truths of homœopathy, and form a corollary to the law of similars. In admitting sequence of symptoms as a recognised addition to our methods of seeking the simillimum we shall be completing the cycle of applied homœopathy. This will necessarily lead to greater ease and certainty in the selection of the homœopathic specific.

REVIEWS.

The London Homœopathic Hospital Reports. Edited by G. BURFORD, M.D., C. KNOX SHAW, Esq., and BYRES MOIR, M.D. London: London Homœopathic Hospital. 1895.

THOUGH not appearing until six months after date, these *Reports* were published in time to greet the visitors to the recent Congress on their arrival in London, and so to give them a very good idea both of the structure and arrangements of our hospital and of the work done within its wards. That

they impressed them favourably in both directions we cannot doubt.

With the exception of the first and last articles (these being by Dr. Hughes and Mr. Pite) the essays are by members of the medical and surgical staff, and are all valuable and instructive contributions to medical and surgical literature.

In the first article Dr. Hughes defends his views as to the action of digitalis in cardiac dropsy, regarding its action here as palliative and antipathic against those expressed by Dr. Dyce Brown at the February meeting of the British Homœopathic Society, and recently published in the July number of the Society's *Journal*.

The second is an instructive study of the pathogenetic properties and therapeutic uses of podophyllum, by Dr. Dyce Brown. Podophyllum is a drug which, we have reason to fear, is very much misused by some medical men who practise homœopathically, and by amateurs who endeavour to treat themselves in the same way. It is not, as some individuals seem to suppose, homœopathic to constipation; it acts when given in such cases antipathically; it is a palliative to constipation, or, as Hahnemann called medicine so used, a temporary remedy. It is to diarrhoea of particular type that podophyllum is so especially homœopathic, and in it is so exceedingly useful. This particular type is well described by Dr. Brown.

The next paper is by Dr. Dudgeon, and gives a very clear account of the sphygmogram and its varieties. It is, in short, a revised edition, enlarged by his additional and carefully studied experience, of his work on the sphygmograph, published some years ago.

Dr. Galley Blackley, in the following article, records five carefully observed cases of peripheral neuritis. Bisulphide of carbon and the continuous current were the chief remedies relied upon in their treatment; but Dr. Blackley is evidently doubtful as to how far the recovery in each case was accelerated by the medicine employed. He is inclined to the belief that "neuritis resembles the specific infectious diseases in having a natural tendency to recovery."

Dr. Washington Epps' paper on seborrhœa, which comes next, is one of considerable interest. In this article he confines himself to the study of the inflammatory form of the disease, in which the fatty excretion forms dry waxy scales. After describing the functions of the sweat glands, in which he dwells upon and endorses the views of Unna, he passes to the consideration of the parasites causing seborrhœa and its sequel, premature baldness. These micro-organisms, in 90 per cent. of the cases examined by Dr. Merrill, were found to

be diplococci. But, as Dr. Epps says, while these diplococci are the probable cause of the disease, it is the constitutional condition, which provides them with a suitable soil in which they can take root and flourish, that principally requires treatment. "At the present time" writes Dr. Epps, "there is much too great a tendency to overlook and underrate the constitutional condition which predisposes to this and other skin diseases," a tendency which he most truly describes as "a great mistake." Bacteriological researches "may and possibly do show the exciting cause, but not always the true cause. They do not show the reason why one person presents a favourable soil for the growth of these parasites and another person an unfavourable soil, so that the spores remain sterile." Dr. Epps gives several illustrations of this very sound, but too often neglected doctrine. The same holds good with all diseases dependent for their existence upon germ life, and this not only among human beings but in the lower animals. John Porter, the well-known trainer of racehorses, gives a very striking illustration of it in *Kingsclere*. Thirty years ago, three very celebrated horses, Rosicrucian, Green Sleeve and Bluegown, the property of the late Sir Joseph Hawley, were under Mr. Porter's care. The two first named were attacked with influenza, and their cases were so serious as to cause Porter sleepless anxiety. In the stable Bluegown, who stood between them, was, he says "neither sick nor sorry. As for the influenza, or indeed any other malady that was going about, you could not have given it him if you had tried; while for clearing out the manger as often as it was filled (and it was impossible to fill it too often) he was a fair champion." (p. 42.) The difference between Bluegown and his neighbours was one of "soil." Hence Dr. Epps advises and uses externally, germicides, and internally, medicines suggested by the totality of the symptoms, to correct the constitutional dyscrasia, of the existence of which they are the indications. Several cases are given in illustration of both its pathology and therapeutics. The practical lesson derived from them is, "that seborrhoea is a constitutional disease, and should be treated with constitutional remedies."

Mr. Johnstone, the pathologist, and one of the assistant surgeons to the hospital, comes next with two cases of ulceration of the lips, in which the diagnosis and treatment were determined by microscopical examination. This interesting paper is illustrated by two drawings of the sections as they appeared under the microscope, the one syphilitic and the other epithelioma.

In the next paper, Dr. Neatby reports the progress of the seventeen cases of uterine fibroid he recorded in the *Reports*

for 1895, and gives the details of seventeen others. From these two sets of cases he deduces some important facts with regard to the influences which determine this class of tumour in women. With regard to treatment, he says, "twelve months' further experience," enables him to "speak with more confidence as to the efficacy of medicinal measures." And, again, "for those who prefer indefinitely to lie up, it is not commonly necessary to operate. . . . A gratifying and often unexpected amount of relief frequently follows the exhibition of remedies, especially when rest can be combined with treatment."

Two interesting, well and thoroughly described cases of pseudo-hypertrophic paralysis by Dr. Goldsborough come next in order, illustrated by two excellent photographs. In this very hopeless condition, Dr. Goldsborough says that "it is to the administration of phosphorus, in some degree of attenuation, that the most benefit is likely to be received from the use of a drug in this disease. It is well, however to guard against fitting a remedy to a disease in this instance as in any other. Individualisation is necessary here, if there are symptoms or signs which will allow of it."

Mr. Dudley Wright's contribution to this volume is a record of two cases of chronic empyema of the frontal and ethmoidal sinuses, conditions which are as impossible of cure by medicinal measures as is a stone in the bladder, consequently both patients received operative treatment. The procedure adopted and the after treatment are well and clearly described. In one the recovery was complete; of the other, in which empyema existed on both sides, together with numerous mucous polypi of the nose and where trephining of both frontal sinuses was required, the report concludes by saying, "the patient is still in hospital under treatment and is daily improving."

Dr. Burford's paper consists of a record of three important cases of abdominal lesion with reflex diarrhoea and other symptoms resembling those of enteric fever. In one recovery promptly followed an operation for the evacuation of a copious effusion resulting from tubercular peritonitis; and, in another, a sudden free discharge of pus, collected near the pedicle, after an ovariectomy. In the third, which proved fatal, the cause of the reflex diarrhoea and other symptoms simulating enteric fever was found, on an exploratory operation being made, to arise from dense adhesions among the pelvic viscera, and subsequently, an abscess opening into the vagina. Temporary relief followed the exploratory incision; the opening of the abscess and draining of its sac secured, however, no amelioration, a high temperature with a diarrhoea of from ten to

four stools *per diem*, continued for six weeks, when death took place. A *post-mortem* examination disclosed an enlarged liver, intimately adherent to the diaphragm and completely riddled with pyæmic abscesses. Dr. Burford's commentaries on these cases are most instructive. This paper we regard as one of the most interesting and suggestive in the collection.

Dr. Dyce Brown, in a carefully written essay on the dietetic treatment of diabetes, challenges the propriety of advising diabetic patients to abstain from eating anything in the shape of carbo-hydrates. So doing may truly diminish the quantity of sugar excreted, but has no influence upon that obscure and profound disorder of the nerve centres which prevents the healthy assimilation of sugar and carbo-hydrates. "This," as he says, "is the disease, the excessive secretion of sugar being merely the visible and tangible result of it." The object of treatment is the defective power of assimilation of carbo-hydrates. Not only is this diet theoretically wrong, but it destroys all enjoyment of life. The patient loathes his food, becomes depressed and miserable, thinner and weaker. Change the diet of a diabetic, who has been rigidly restricted to food that cannot directly or indirectly supply sugar, to one in which only unnecessary sugar is disallowed, and Dr. Brown's clinical experience assures him that not only is life rendered more tolerable but the patient's health is benefited. These views may, as Dr. Brown says, be considered "highly unorthodox and revolutionary," but we think that careful readers of his paper will be strongly inclined to act upon them in practice. Reports of several striking clinical illustrations of these views are given, to which the reviewer could add others, but space, he knows, is too much an object this month to allow of his yielding to the temptation.

An investigation by Dr. Roberson Day into the amylolytic properties of infantile saliva is the final contribution of the medical staff. Contrary to the generally accepted view that infantile saliva does not contain ptyalin until the third or fourth month, he shows that it appears, though slightly, within a few days of birth. In the series of experiments instituted by him to determine the question—tabulated results of which are given—in one child four days old and another of six the saliva was found to be decidedly active upon starch.

It is an interesting question from a physiological point of view, but its solution in favour of the amylolytic action of infantile saliva does not justify the substitution of a farinaceous diet for breast milk.

These *Reports* conclude with an excellent descriptive account of the interior of the new hospital building by the Architect, with some good photographs of the wards, operating room,

board room, &c. It would form an admirable guide to a visitor going round the building and desirous of understanding the nature and objects of the arrangements throughout.

We sincerely congratulate our colleagues on being able to show such valuable results from the work done in the hospital as are contained in these *Reports*.

MEETINGS.

THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS.

THE proceedings of this International Congress, which has been long anticipated with anxiety and pleasure, commenced on Monday evening, the 3rd of August, by a large gathering of members and their friends, at the invitation of the President and Mrs. Pope, at the Queen's Hall, Langham Place, who cordially welcomed them. In entertaining their guests, they were most efficiently aided by the Celia Male Quartette, two of their sons Messrs. Edwyn and Philip Pope, Mr. Gerard Smith, and Sister Marion of the London Homœopathic Hospital nursing staff.

The following account of the chief features of the evening has been kindly furnished by a visitor on the occasion.

"The reception of the members of the International Homœopathic Congress, and of ladies and gentlemen representative of homœopathic lay society, by Dr. and Mrs. Pope at the Queen's Hall on the evening of Monday, August 3rd, was a distinct social success. The necessity of fixing the occasion for the evening of the August Bank Holiday not only justified the absence of a number who had been invited, but naturally increased the gratification at the large number present. The handsome reception room at the Queen's Hall, charmingly decorated with flowers and shrubs, and in a conspicuous position the model of the monument about to be erected to the memory of Hahnemann in Washington, was well, but not uncomfortably filled, and the proceedings were characterised by a very cordial spirit and a general sense of enjoyment, which must, we think, have done much to induce foreign and American members to feel at home with their English colleagues and friends, and to convince continental representatives that the English people do not always take their pleasures sadly. The proceedings were varied by some very excellent part singing by the Celia Male Voice Quartette, and enlivened by a musical sketch entitled "A little Yachting," admirably rendered by Mr. Philip C. Pope, in a manner worthy of Grossmith himself. A notable item of the enter-

tainment was a song—"The Yeoman's Wedding Song"—by Mr. Edwyn Pope, who has a very fine bass voice, which he used with great effect. A very interesting feature of the proceedings was the demonstration of Röntgen photography at intervals by Mr. Gerard Smith, who, by the aid of a perfect apparatus and a complete knowledge of his subject explained the mysteries of the X Rays, and showed the marvellous transparency of certain forms of solid matter. To see the bones of the demonstrator's fore-arm clearly defined on the screen—the muscles and the cloth being for the nonce transparent; to see bullets embedded in a slab of wood one inch thick—the wood offering no obstruction to vision; to see the contents of a purse or an instrument case—the leather and wood being conveniently made lucid by the rays for the purpose, were things to be remembered, and evidently gave the greatest pleasure, not unmixed with astonishment, to the spectators. On the whole, the occasion was one of the most pleasant functions of the Congress, and a very fitting social introduction to its more serious business which commenced on the following afternoon."

On the Tuesday the President (Dr. Pope, of Grantham) took the chair at 2.30 p.m., and was presented with the gavel wielded by all the preceding presidents, and inscribed with their names. He then opened the business of the Congress by delivering an address on *The Influence of the Therapeutic Teaching of Hahnemann in 1796, on the Study and Practice of Medicine in 1896*. This address, which occupied an hour and twenty minutes in delivery, was received with an attention and interest which were well sustained to the end, when a vote of thanks, proposed by Dr. W. Wesselhœft, of Boston, U.S.A., and seconded by Dr. Brasol of St. Petersburg, met with a cordial response, which was briefly acknowledged by the President.

Dr. GIBBS BLAKE then proposed and Dr. A. C. CLIFTON seconded that Dr. Bushrod James (Philadelphia), Dr. McClelland (Pittsburgh), Dr. Léon Simon (Paris), and Dr. Villers (Dresden) be Honorary Vice-Presidents of the Congress. The motion having been carried by acclamation, these gentlemen joined the Honorary President (Dr. Dudgeon) and the President, by both of whom they were warmly welcomed, on the platform.

The next business consisted in the presentation of reports from the different countries of the world as to the history of homœopathy during the last five years and its present state in each. Dr. Kafka, of Carlsbad, providing that for Austria-Hungary; Dr. Schepens of Antwerp that for Belgium; Denmark, Dr. Hansen of Copenhagen; France, Dr. Cartier of

Paris; Germany, Dr. Kröner of Potsdam; Great Britain, Dr. Goldsbrough of London; Australia, Dr. Ray of Melbourne; Canada, Dr. Logan of Ottawa; India, Dr. Sircar of Calcutta; Holland, Dr. Von Dem Borne, Amsterdam; Italy, Dr. Bonino, Turin; Portugal, M. Vasconcellos, Oporto; Russia, Dr. Brasol, St. Petersburg; Switzerland, Dr. Batault, Geneva; and the United States of America, Dr. Kraft, Cleveland, Ohio.

Dr. HUGHES gave a brief abstract of their reports, stating that of all the countries in which homœopathy was represented they had only failed to secure reports from New Zealand, Spain, Mexico and South America. From those reporting it appeared that in Austria, things remained *in statu quo*; in Denmark, there were now seven professional representatives of homœopathy; in France great advance had been made in hospital and dispensary work, great good having resulted from increased unity among practitioners; in Germany, there was a largely increased public interest in homœopathy, and the number of its practitioners was estimated at 400. In the report for Great Britain, the chief feature referred to was the opening of the new building for the London Homœopathic Hospital. In Australia, Dr. Ray's report showed that homœopathy was rapidly advancing. In India, the most noticeable feature was the spread of homœopathy among the natives. Italy, Dr. Bonino showed, now contained 50 homœopathic practitioners. The reports from Holland, Portugal, Switzerland and Belgium were all highly encouraging. That from the United States of America of course overshadowed all the rest, showing a large increase in practitioners, hospitals and societies, with a great development of public sentiment in favour of homœopathy.

Dr. DUDGON then opened a discussion on the condition and prospects of homœopathy at the present time and the best means of furthering its cause. He advocated a continuance in the course hitherto pursued by an active propaganda of homœopathic principles, and that every endeavour should be made to build and open new homœopathic hospitals wherever it was possible to do so; and above all he hoped that they would ever be bold in the assertion of their principles.

Dr. VILLERS, (Dresden) enjoined the importance of adhering strictly and closely to homœopathy in the treatment of disease. He hoped that in a short time they would be able to establish a course of lectures on homœopathy in Germany for medical students.

Dr. McCLELLAND (Pittsburgh) said that in the United States homœopathy advanced itself and was daily gaining ground. The extension of the course of study in Homœopathic Medical

Colleges through the influence of the American Institutes of Homœopathy had had great influence in increasing appreciation of it.

Dr. BRASOL (St. Petersburg) desired to see some proposition emanate from the present Congress to celebrate in some permanent way the 100th anniversary of the promulgation of the teaching of Hahnemann, and suggested that this should take the form of the erection of a suitable monument to the memory of Hahnemann, preferably over his long neglected grave in the cemetery of Montmartre in Paris. Several other members joined in the discussion of Dr. Brasol's proposal the consideration of which was adjourned until the following morning.

WEDNESDAY.

The members met at the hospital in the morning, the President being in the chair. The first business was the consideration of the question adjourned from the previous day, of the erection of a monument to Hahnemann in celebration of the centenary of the promulgation of his teaching. It was agreed to appoint an international committee to ascertain the condition of Hahnemann's tomb in the Montmartre Cemetery in Paris, to consider the measures necessary to put it into a proper condition, and to erect thereon a suitable monument to Hahnemann to celebrate the centenary of his teaching. The committee was nominated as follows:—Dr. Brasol (St. Petersburg), Dr. Cartier (Paris), Dr. Hughes (Brighton), Dr. Bushrod James (Philadelphia), and Dr. Villers (Dresden).

The Congress proceeded to the consideration of two papers on the subject of *Homœopathic Literature: its State and Needs*, by Dr. DYCE BROWN (London) and Dr. BRADFORD (Philadelphia). The writers surveyed the present position of the literature of homœopathy and made various suggestions for its increase and improvement. A discussion on the subject of "How shall we improve and complete our literature?" was opened by Dr. LEON SIMON (Paris), and was joined in by a large number of the delegates.

Dr. WALTER SANDS MILLS (Stamford, Connecticut, U.S.A.) followed with a paper on *Some Reasons for a Belief in Homœopathy*, in the course of which he detailed the main arguments in favour of the application of the principles laid down by Hahnemann to the treatment of disease.

A discussion was subsequently opened by Dr. BRASOL (St. Petersburg) on *The Reasonableness of Homœopathy*, based upon the foregoing papers, and on others by Dr. ROBERT WALTER, (U.S.A.), and Dr. VON DEM BORNE (Amsterdam).

In the afternoon the second general meeting was held at

the Queen's Hall, Langham Place, the President, Dr. Pope, in the chair.

The first paper, an abstract of which was read by the PRESIDENT, was by Dr. ORD (Bournemouth), his subject being *Drug Selection by Sequence of Symptoms*, in which he maintained that symptoms were alone the reliable guide for indicating the nature of disease, and that it was necessary to ascertain the sequence of the symptoms in order to find out the proper remedy, leading up to the principle of *similia similibus curentur*.

A paper was submitted by Dr. J. M. SCHLEY (New York) on *Can we Prescribe Homœopathically with more success by taking strict account of the Pathological Condition of our Patient?* This question the writer of the paper answered in the affirmative, maintaining in direct opposition to Dr. Ord that it was not mainly by the symptoms, but wherever possible by ascertaining the pathological condition of the patient, that they could prescribe homœopathically most effectively.

DR. HAYWARD (Birkenhead) opened a discussion on *The Selection of the Remedy*. He said that in the majority of cases the physician was unable to detect the pathological condition of the patient. If it was possible to get at that condition it was an essential help, but in his opinion the symptoms would afford in most cases the most reliable ground on which to base the selection of a remedy.

DR. BLACKLEY (London) attached great importance to noticing the sequence of symptoms, as it would help greatly in cases of idiopathic disease in arriving at a conclusion as to the best remedy. The character of the symptoms was also a matter of importance.

DR. BRASOL (St. Petersburg) said that the whole significance of Hahnemann's teaching consisted in the assertion that there could not be specifics against denominations of diseases, but there must be a specific for every individual patient. To judge from merely pathological indications meant, not the patient's pathological condition, but the pathological nature of his disease, and that would mean, not the progress, but the retrogression of therapeutics. They did not want specifics against the problematical and supposed causes of the disease, but against the totality of the symptoms.

DR. CLARKE (London) presented a paper on *The Place of Animal Extracts in Homœopathy*, and a discussion took place, in which Dr. MERSCH (Brussels), Dr. M'CLELLAND (Pittsburg, U.S.A.), Dr. RAMSBOTHAM, Dr. HUGHES, Dr. ORD, and others took part.

The last paper submitted for discussion was by Dr. WASHINGTON EPPS (London) on *The Pathogenesis and*

Therapeutics of Aurum, in which the writer described the effect of gold as a drug on the various organs of the body.

The discussion on the subject was opened by Dr. DEWEY (New York), and was joined in by a large number of members.

THURSDAY.

The members of Congress, with the President in the chair, met in the morning at the Hospital, when Dr. GOLDSBROUGH (London) contributed a paper on *Hahnemann's Doctrine of Chronic Diseases*. The author quoted paragraphs from Hahnemann's "Chronic Diseases" to indicate the character and scope of Hahnemann's theory relating to the miasmatic origin of most chronic diseases. In his theory of infection Hahnemann foreshadowed the modern doctrine of infection by means of specific micro-organisms. The scientific point of view of Hahnemann's theory consisted in approaching the subject of chronic disease from the general to the special, rather than from the special to the general, and an emphasis of the skin as occupying a distinctly physiological position in relation to the organism. A discussion took place on the subject, which was opened by Dr. PROCTOR (Birkenhead).

Dr. V. LÉON SIMON (Paris) subsequently submitted a paper on *A Posological Law*, which was very fully discussed on the initiative of Dr. VON DITTMANN (St. Petersburg). Papers were also read by Dr. HANSEN (Copenhagen) on *The Action of Mercury and Iodine in Syphilis*; by Dr. P. C. MAJUMDAR (Calcutta) on *Intermittent Fever*; and by Dr. HUGHES (Brighton) on *The Action of Colchicum and other Specifics*, and a discussion took place on *The Specifics of Traditional Medicine*.

In the afternoon the third general meeting was held at the Queen's Hall, Langham Place. The President, Dr. Pope, again occupied the chair.

The first paper considered was by Dr. CARTIER (Paris) on *The Clinical Value of Tuberculin*.

Dr. NANKIVELL (Bournemouth), in opening a discussion on *Tuberculin and its Congeners*, referred to Koch's tuberculin, and said he had never yet found in a special case any improvement, but rather aggravation, within four days from the commencement of the administration of that tuberculin. That was in practically hopeless cases. He had not tried it in ordinary cases such as those of marked pneumonic phthisis, or even in cases where the bacilli of phthisis were present, for he had generally found that change of air, improvement of diet, regular life, and medication chiefly by an iodide of arsenic had been sufficient to establish a definite improvement in all such cases.

Dr. MERSCH (Brussels) and others continued the discussion.

Mr. HURNDALL (London), veterinary surgeon, a visitor introduced by the President, at his request rose to give the views of the members of his profession as to the use of tuberculin in disease among the lower animals. In doing so he referred to the effects of tuberculin as a diagnostic agent in regard to animals. He mentioned a case in which a herd of cows belonging to the Duke of Portland which was suspected of being infected with tuberculosis had been placed at the disposal of Dr. M'Fadyean for examination. All the animals were subjected to a subcutaneous injection of a cultivation of tuberculous matter. The whole of the cows responding to the test were slaughtered, and there was not a single animal which did not show some evidence of tuberculosis in its system. Those that did not respond were afterwards found to be perfectly healthy. As a diagnostic agent tuberculin had been proved in 100 cases to be successful and not a failure in a single case. He further believed that as a therapeutic agent in tuberculous disease, tuberculin was a useful substance. There was a relation between medicines useful for the lower animals and those useful for human beings which should never be forgotten by homœopathists.

Dr. CARTIER (Paris) closed the discussion, denying that tuberculin when administered to a healthy person produced any symptoms of tuberculosis.

Dr. BUSHROD JAMES (Philadelphia) followed with a paper on the *Pathology and Treatment of Strumous Ophthalmia*, and a discussion took place.

The last subject considered was that of deafness and its homœopathic treatment. This matter was dealt with in two papers — one by Dr. HAYWARD (Birkenhead) on *Deafness, Pathogenetically Considered*, and by Dr. COOPER (London) on *Certain Forms of Deafness and their corresponding Remedies*.

Dr. COPELAND (Michigan) opened a discussion on *The Possibilities of Internal Medication in Deafness*. He observed that the most important factor in this matter was the cause of the disease, and before any direct opinion could be formed as to the possibility of internal medication a close diagnosis was necessary. With regard to diseases of the internal ear, he believed the only real cure was the indicated homœopathic remedy.

Mr. DUDLEY WRIGHT (London) claimed that there were homœopathic medicines which would give very considerable relief in cases of deafness.

Dr. NORTON (New York) thought the application of aural massage was capable of very useful extension in the future in the alleviation of aural troubles.

Dr. CLARKE (London) said that, from a homœopathic point

of view, aural diseases were the most hopeless ones for treatment by the physician.

FRIDAY.

At the morning meeting, which was held at the Hospital, Great Ormond Street, the chair was taken by the president, Dr. Pope.

The first paper read was by Mr. DUDLEY WRIGHT (London) on *Aural Vertigo* and the discussion on the subject was opened by Dr. BUSHROD JAMES (Philadelphia).

Dr. KRANZ-BUSCH (Wiesbaden) followed with a paper on *The Homœopathic Character and Action of Mineral Waters*. He said that the so-called "allopathy," the yet governing doctrine, was always trending towards the homœopathic stream. A field in which, in his opinion, a reconciliation could very easily be possible was balneology. They knew how, up to lately, the scepticism of modern medicine denied, or at least doubted, the pharmacodynamical effect of mineral waters. People did not believe in their curative properties, and the good effect was ascribed to change of air, diet, new surroundings, and altered mode of living. To-day they had happily done away with that standpoint. Balneology had, in recent times, developed itself rapidly into a highly improved branch of therapeutics, and no man of science would in these days doubt the efficacy of mineral waters. The science of medicinal springs was particularly appropriate to show the effect of drugs according to the homœopathic principles. Balneology, in a scientific sense, was just the domain of homœopaths. There they had, direct from nature, and at first hand, the "molecular action," the "atomization," the "effect by extension of surface," and the "action according to the law of similarity." Even by the most exact chemical analysis it was not possible to find out the last details of their composition, and no less was it impossible to compose a natural mineral water by artificial combinations. Their physiological experiments and homœopathic drug-provings, quite in conformity with the thousand-fold testified curative effects obtained with mineral waters, spoke distinctly and irrefutably for the perfect homœopathicity of the latter, concerning both their composition and dosage and their therapeutic indications. They were "specifics," and "specific" was identical with "homœopathic." The pathogenetic and remedial effects were congruent with each other, and they could point triumphantly to the fact that they had here a grand confirmation of the law of *similia similibus curentur*. The springs of different groups of mineral waters, especially of those in close chemical relation, were often used in the same forms

of disease. It was, therefore, the object of special balneo-therapeutics to give exact indications for the single mineral water according to the constitution, etiology, stage, and character of the disease. The fact was that the homœopathic differential drug-diagnosis would form a foundation for this purpose much more exact and sure, and he was convinced that when this became recognised the therapeutic sphere of mineral waters would be certainly much more widely extended. He believed that the action of mineral waters was altogether to be explained according to homœopathic principles.

A discussion followed the reading of this paper.

The last paper was read by Dr. SAMUEL VAN DEN BERGHE (Brussels) on *Cutaneous Horns and their Treatment*. He mentioned that cases had been recorded where warts had been the origin of these cutaneous horns. In a case which he dealt with of cutaneous horn on a patient aged 70 (which was exhibited), he had found a most beneficial effect from the use of causticum.

A discussion followed, which was opened by Dr. J. G. BLACKLEY (London).

The fourth general meeting of the Congress was held in the afternoon at the Queen's Hall, Langham Place, when the chair was occupied by Dr. Dyce Brown, one of the Vice-Presidents.

The first paper read was by Dr. GILCHRIST (Iowa City) on *Homœopathic Vulneraries*, and a discussion followed, which was opened by Dr. CHRISTOPHER WOLSTON.

An abstract of a paper on *Appendicitis, its Medical and Surgical Treatment*, by Dr. HORACE PACKARD (Boston, Massachusetts), was read by the CHAIRMAN, and a discussion on the subject was opened by Mr. KNOX SHAW.

The last paper was by Dr. BURFORD (London), on *The more common forms of Amenorrhœa as associated with Mental Perturbation*, and Dr. BETTS (Philadelphia) opened the discussion on the matter.

SATURDAY.

On Saturday the sittings of the Congress were concluded. In the morning the last meeting for the reading and discussion of papers was held at the London Homœopathic Hospital, when the chair was taken by the President, Dr. Pope.

Dr. J. D. HAYWARD (Liverpool) contributed a paper on *Purulent Collections in the Thorax*, and a discussion took place which was opened by Dr. McCLELLAND (Pittsburgh, U.S.A.). Subsequently a paper was submitted by Dr. J. C. WOOD (Cleveland, Ohio) on *Carcinoma of the Uterus*, and the discussion on the subject was initiated by Mr. JOHNSTONE (Richmond, Surrey.)

The last paper discussed was by Mr. T. G. H. NICHOLSON (Liverpool), who dealt with *Oxy-Chloroformic Anæsthesia*, and a discussion on *Anæsthesia* was opened by Dr. ROBERSON DAY (London), who declared that the discovery of the various anæsthetic agents now in use was, in his opinion, second only to the discovery of homœopathy. Nitrous-oxide he considered one of the safest agents, its great drawback being that its effect was very transient. Chloroform was the most dangerous agent. Probably the safest agent of all was ether, which still had certain drawbacks. The practice of using ether, preceded by nitrous-oxide, in the London Homœopathic Hospital had proved successful in every way. He had seen nothing in the new anæsthetic, oxy-chloroform, to induce him to give up the use of ether in its favour.

Dr. McCLELLAND (Pittsburgh) mentioned that in his practice the administration of oxy-chloroform had been invariably successful. He was glad that homœopaths had taken the lead in this matter.

Dr. BETTS (Philadelphia) urged the desirability of a body of professional anæsthetists being formed who should work only at the administration of anæsthetics.

In the afternoon the concluding general meeting was held at the hospital, the President, Dr. Pope, again in the chair.

The GENERAL SECRETARY (Dr. Hughes) announced that Dr. McClelland had presented to the London Homœopathic Hospital a model of the monument proposed to be shortly erected in Washington in memory of Hahnemann. The movement for the erection of this monument was inaugurated by the American Institute of Homœopathy at a meeting in 1892. The work upon the monument is absolutely in progress. It is to be built of granite, with statue and bas-relief of bronze. The form is to be that of the Greek exedra and is elliptical in plan. A sitting statue of Hahnemann, heroic in size, on a granite pedestal, is to be placed in the central portion, which will be composed of four columns supporting an entablature, above which is to be an attic with the inscription "Hahnemann." On the base of the pedestal will be carved the motto "Similia similibus curentur." It will be completed by 1897, at a cost of nearly £15,000.

Dr. HUGHES then reported that just upon 140 members had enrolled themselves on the Congress. Of that number 78 were from Great Britain, 41 from the United States, four from Belgium, three from Germany, three from France, three from Russia, two from Holland, and one each from Switzerland, Italy, Denmark, Greece, and Sweden. It had been the most cosmopolitan Congress they had ever held.

Dr. HUGHES further read the report of the International Committee appointed to consider the question of erecting a suitable monument over the tomb of Hahnemann in the Montmartre cemetery in Paris. The report stated that Dr. Brasol (St. Petersburg) had been chosen chairman and Dr. Cartier (Paris) secretary. The committee had placed themselves in communication with the French Homœopathic Society, which had taken the matter in hand, and as soon as they got any communication on the matter they would be in a position to prepare their plans.

The PRESIDENT next invited proposals as to the place of the next meeting of the Congress, observing that it was normally the turn of the Continent of Europe.

Dr. LEON SIMON, in the name of the Société Française d'Homœopathie, invited the Congress to assemble in Paris, and asked that it might be antedated a year, so as to coincide with the great Exhibition intended to be held there in 1900.

Dr. McCLELLAND seconded this proposal.

Dr. BRASOL, seconded by Dr. BUSHROD JAMES, proposed St. Petersburg as the place of meeting, assuring the Congress of a warm reception on the part of the Russian homœopaths.

Dr. KRÖNER, seconded by Dr. CLIFTON, proposed that the gathering should take place in Germany, preferably at Berlin.

After some discussion, a vote by ballot was taken, when 15 suffrages were found to have been cast for Paris, 8 for Berlin, and 2 for St. Petersburg. The first-named city was then determined on as the seat of meeting, and on the motion of Dr. HUGHES, seconded by Dr. JAMES, 1900 was adopted as the year.

Dr. GALLEY BLACKLEY now rose, and as representing the Officers of the Congress just closing, moved the following resolutions and preamble:—

“The members of the Congress now assembled accept the following statements as expressive of their sense of the nature and mode of proceeding of these gatherings, as they have been in the past and as they will be carried on in the future:—

“1. The Quinquennial Homœopathic Congresses are entirely independent of one another, and are under the management of the several countries in which they are held. All that the preceding Congress can do is to express a wish as to the place of meeting of the next; but this wish becomes operative only when the country named has acceded to it.

“2. The Permanent Secretaryship was instituted in 1881 to preserve the continuity of the Congresses, to hand down their traditions, and to preserve their archives. It is the duty of the holder of this office to communicate the choice of country made as above to some representative body or individual

therein, requesting these, if they accept, to appoint a Committee of Arrangements, at whose disposal he holds himself for any counsel or aid they may desire of him.

“3. Should any failure occur, or change become necessary, as in 1886, the Permanent Secretary must be applied to, and becomes responsible for further proceedings. Otherwise, everything rests with the country of meeting, and choice of time and locality, supply of funds, provision of essays for discussion, and appointment of working officers, are in their hands.

“4. It would be well if each country in which homœopathy is represented would appoint a national committee to co-operate with the central one, in the way of collecting Reports and Essays, and stimulating interest in and attendance at the gatherings. Papers approved and sent by such committees would be considered as already accepted as part of the Programme.”

These were seconded by Dr. BUSHROD JAMES.

Dr. McCLELLAND, while accepting the resolutions as a true statement of the constitution and working of the Congresses hitherto, thought that a more definite organisation and continuous life should be given to them in the future if they were to go on and flourish. They could not enjoy for ever the services of the present Permanent Secretary, and some instrumentality capable of replacing him, when the need unhappily came, should be created.

After some discussion it appeared to be the sense of the meeting that this was too large a question to be debated on the present occasion, and that it had best be ventilated in the journals for a while before further action was taken. The resolutions were accordingly put to the vote *en bloc*, and carried unanimously.

The GENERAL SECRETARY then read numerous letters of delegation and greeting received from Homœopathic Societies in America, Russia, &c.; and therewith announced that the business of the Congress was over.

Dr. W. WESSELHOEFT rose to ask the Congress, before separating, to pass a warm vote of thanks to the President, and to those—the Vice-President and Honorary President and Vice-Presidents—who had assisted him, for their able conduct in the chair, which had done so much to promote the success of this great gathering.

Dr. KRAUSS seconded, in an eloquent speech, and the vote was adopted by acclamation.

Dr. POPE, in acknowledging it, said that he thanked Dr. Wesselhoeft, Dr. Krauss, and the members of Congress for the vote of thanks to him which had been proposed in

such kind terms, and then so warmly responded to. It was most gratifying to him to know that they were able to feel that their gathering together had resulted in a meeting of such unalloyed success. Meetings such as they had had during the past week presented all the elements of pleasure, and of advantage to those who took part in them. In looking back upon the one now closing, he felt that it had been one of pleasure, arising out of their social intercourse, giving them the opportunity of welcoming old friends, from whom they were necessarily separated by long distances, and in making new ones in the persons of brethren whose names were familiar to them; and of advantage in taking part in and listening to the discussion of subjects of interest to each one of them. He hoped that similar gatherings at suitable intervals would be continued, and that the meeting appointed to be held in Paris, four years hence, would be still larger and even more fruitful in good and happy results than that they were now closing. He could not leave them without very heartily thanking Dr. Hughes and Mr. Dudley Wright for their very great services, not only in arranging for, but in conducting this Congress. Dr. Pope concluded by again thanking all the members for their kindly expressed appreciation of his services in the chair of their thoroughly successful meeting.

Dr. LEON SIMON also expressed acknowledgments on the part of the Hon. Vice-Presidents, and before sitting down would ask the meeting to pass a similar vote of thanks to the secretaries, general and local. This was seconded by Dr. McCLELLAND, and adopted in like manner.

Dr. HUGHES expressed his thanks and that of his (absent) colleagues for the kind appreciation of their services which had been expressed; and bore warm testimony to the aid he had received from Mr. Dudley Wright, who had relieved him of late from all the mechanical part of his work.

Similar votes were also passed to the British Homœopathic Society for the banquet given to the Congress, and to the London Homœopathic Hospital for its conversazione and the use of its Board Room. The PRESIDENT then declared the Congress adjourned *sine die*.

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During the Congress week the members of the medical and surgical staff of the hospital, arranged their work in the wards and operating theatre so as to afford clinics of interest to the members. The following card, announcing demonstrations of medical and surgical cases, was issued to, and cordially invited the presence of, members of the Congress:—

"LONDON HOMŒOPATHIC HOSPITAL.

Agenda during the Congress week, August 3rd—8th, 1896.

Monday—

Tuesday—

9 a.m. Dr. Blackley. Demonstration of Medical Cases.

9 a.m. Mr. Dudley Wright. Surgical Operations.

4.30 p.m. Mr. Knox Shaw. Surgical Operations.

4.30 p.m. Dr. Epps. Demonstration of Medical Cases.

Wednesday—

9 a.m. Dr. Burford. Demonstration of Gynæcological Cases.

9 a.m. Dr. Moir. Demonstration of Medical Cases.

4.30 p.m. Dr. Day. Demonstration of Children's Diseases.

Thursday—

9 a.m. Dr. Burford, Abdominal Section.

2.30 p.m. Dr. Blackley. Demonstration of Skin Cases.

2.30 p.m. Dr. Goldsbrough. Demonstration of Medical Cases.

8 p.m. Dr. Neatby. Gynæcological Cases.

Friday—

9 a.m. Dr. Blackley. Demonstration of Medical Cases.

2.30 p.m. Dr. Moir. Demonstration of Medical Cases.

4.30 p.m. Dr. Epps. Demonstration of Skin Cases.

Saturday—

9 a.m. Dr. Burford. Vaginal Hysterectomy.

"Members of the Congress are cordially invited by the medical staff to be present at the foregoing."

The board of management were equally desirous of entertaining the visitors, and accordingly :—

On Wednesday, the 5th, the members of the Congress and many friends of the hospital were present at an "at home" at the hospital, on the invitation of the chairman and officers of the board and the medical staff. The occasion gave an excellent opportunity for the American and Continental members of the Congress to meet the administrators and subscribers of the hospital. A large number were present, and the occasion was a very pleasant one, an inspection of the admirable arrangements of the hospital giving general satisfaction and provoking some very favourable comments.

On Friday, August 7th, the members of the Congress were entertained at dinner in one of the elaborately decorated halls of that magnificent and palatial structure the Hôtel Cecil, by the President and Council of the British Homœopathic Society. Dr. MADDEN, President of the Society presided, and a very delightful evening was spent.

The usual loyal toasts having been honoured,

Dr. HUGHES rose to propose "the Centenary of Homœopathy and the Memory of Hahnemann." Men had come, he said, from every quarter of the civilised world, from all parts of England, from France, Germany, Holland, and Belgium, from the outlying lands of Italy, and Switzerland, and Sweden, and Denmark, from far distant Greece and Russia, and even over the three thousand miles of sea which separated America from England—they came at a great expenditure of labour, time, and money,—for what purpose? To do honour to a man who died 58 years ago, and to make further progress in the path which he had opened 47 years before that. A man so honoured must have been a Master, that in his school so many are proud to be disciples; he must be reckoned among the voices of the world, that we are content to be his echoes—echoes which, like the poet's,

"Roll from soul to soul,
And grow for ever and for ever."

He (Dr. Hughes) asked the members to drink in solemn silence to the "Memory of Hahnemann," thereby helping to keep that memory green until the day when Hahnemann should have his name, by universal consent, inscribed upon the roll of the great physicians of the world, and when no man should refuse to do honour to him. He asked them to drink to "the Memory of Hahnemann and to that of his disciples who had passed away during the past five years, especially Drysdale, Léon Simon, and Dake."

The toast was drunk in silence.

Dr. WESSELHÆFT proposed "The International Homœopathic Congress." It was, he declared, the onward march of the scientific spirit which had brought men from all quarters of the globe to attend the Congress; and small as their numbers were, little known, much misunderstood and misinterpreted as were their aims and efforts, he felt convinced that the Congress of 1896 would have a measure of success in binding more firmly together those who were separated by land and sea, and by differences of views and aims, and in that way would aid materially in bringing about that unity and fraternal spirit which they hoped to see established as a peace-making and progressive influence, by means of which knowledge, wisdom, science, and skill should be perfected. (Cheers). The hopes and purposes for which they had gathered he felt had been realised (cheers); and the Congress had been eminently successful, thanks to the care and labour of those who had had the preparation of it. (Cheers). The success of the Congress had been due to many gentlemen, but he singled out one or two to whom special thanks should be rendered. The first was Dr. Pope (cheers), renowned for his

literary labours, and the influence he had had upon homœopathy. Then came Dr. Bushrod James (cheers), the representative of American homœopathy, one whose skill and labour had done much to advance the cause. With these names he coupled that of Dr. Talbot, of Boston (cheers), a gentleman who merited the thanks of all for the inestimable labours he had performed in the cause of homœopathy.

The toast was enthusiastically drunk.

DR. POPE, who was received with acclamation, rejoiced to think that Dr. Wesselhœft and the members present regarded the Congress as having been a success. He was extremely glad that it had given so much pleasure to so many good and sound homœopathists. (Cheers). He believed that meetings such as those they had held did more than anything else towards promoting the prosperity of medicine. (Hear, hear). Homœopathy had, in bygone years, been exposed to attacks of various kinds, but they all recognised that those attacks had proceeded simply from ignorance of what homœopathy was (cheers), and he believed that, without knowing it, without thinking what they were about, their friends the enemy had adopted a very large proportion of the principles which Hahnemann enunciated a hundred years ago. (Cheers). Homœopathists had proved that Hahnemann's law of drug selection was a true one, and it was to the unconscious or unconsidered use of that law that the success of many of their opponents was in numerous instances largely indebted. The success of the Congress they would all feel with him had been greatly due to the efforts of Dr. Hughes (cheers), and Mr. Dudley Wright. (Renewed cheers). He was sure that no one could have attended the meetings without feeling himself strengthened in the work of his life. (Cheers). He was very much gratified by Dr. Wesselhœft's reference to their friend Dr. Talbot. (Cheers). It was to Dr. Talbot's influence that a large measure of the success achieved in America was due. He remembered once hearing from an American friend who was staying in an English hotel where there were also a couple of American allopaths, and one of them was wondering how in the world it was that in Boston homœopathy had got so much ahead. "Oh, that is easy," said the other allopath, "they have got a man there of the name of Talbot, and he is one of the finest wire-pullers in the whole United States." (Laughter and cheers.) Dr. Talbot in his work had used none of the means of the ordinary wire-puller; he had proved and placed before the world facts which could not be blinked, proving that the homœopathic method of treatment was better and more successful than that arising from any other method, and he had

done invaluable service not merely to homœopathy, not merely to the public, but to medicine at large. (Cheers). Dr. Pope concluded by thanking the members for the kind manner in which they had received the toast, and at the conclusion of his speech the members rose to their feet and gave him a hearty cheer, and sang "For he is a jolly good fellow."

Dr. BUSHROD JAMES also met with an enthusiastic reception on rising to respond. He said his heart was filled with thankfulness and gratitude for the reception the American delegates had received. (Cheers). They were there once again enjoying England's glorious hospitality, mingling again with their medical brethren, associated together around the grand old flag of homœopathy. (Cheers). The old school were constantly saying that homœopathy was a failure, and was going down, but a hundred years ago there was but one homœopathist, and now there were thousands of homœopathic practitioners and millions of people depending for recovery from illness upon homœopathic medicines. (Cheers). In another century he doubted not that the flag of homœopathy would float over all the universities of the world. (Loud cheers). There was no doubt as to the success of the Congress, and he believed its influence would extend over all the countries of the world. Homœopathy would be spread by such Congresses more than by any other means, because they held their forces together; and it was by a united army and by good generals, such as they had (cheers), that they would conquer. (Cheers).

Dr. VILLERS proposed "Homœopathic Medical Literature," a subject which he said he knew something about, as he had not only written pamphlets and articles, but was an editor and a publisher. He knew how books were written, how they were printed, and how they were never sold. (Laughter). Homœopathic literature would compare favourably with the literature of other departments of knowledge; but there was something lacking in it at present—there was not heart enough; it was too moderate. They might say clever and grand things, but if there was no heart in their speech no one cared for it. (Cheers). When the master wrote his *Organon* he did not care a bit what was said about him—he wrote it! (Cheers). He coupled with the toast the names of Dr. Dudgeon and Dr. Kraft. (Cheers).

The toast was honoured with cheers.

Dr. DUDGEON, who was received with great applause, said he had never been able to make a livelihood out of literature, and until the previous day he had never received any remuneration for what he had written, when he was astonished to receive from America a cheque for a little work he issued

through an American publisher. (Laughter and cheers). But although literature was not his profession, he had been instrumental in bringing a few of the works of the great Hahnemann before the world. (Cheers.) Hahnemann was a great man, full in all parts, but the translator of his works was like a man seen through the Röntgen rays—a mere skeleton. (Laughter and “No, no.”) There was a certain resemblance between the poet Burns and the man who discovered homœopathy. The centenary celebration of both fell in the same year: they both composed their chief and best works under the stress of poverty, they were obscure in their work and had a struggle to keep the wolf from the door, and after their death both had monuments erected to their memories. In the poems of Burns there was a little stanza well known to every one:—

“Oh, wad some power the giftie gie us
To see oursels as ithers see us.”

Had Burns lived in the present day, and had he been a homœopathist, he would not have written that, because homœopathists were very much in the position of seeing themselves as others saw them—in the columns of the medical periodicals of the day (laughter). They were always shown up as either fools or knaves, and very often as both (laughter). The contributions of the British profession to homœopathic literature were considerable. He had before him and on either side of him men who had contributed as much or more to the literature of homœopathy as he had himself; and America had contributed even more extensively than England. He thanked the members heartily for the kind appreciation they had shown of his humble efforts in the literature of homœopathy (cheers).

Dr. KRAFT, who was also cheered on rising, said the Americans had been in England for four whole days—long enough to write a history of England (laughter)—and they had succeeded in acquiring the proper pronunciation of nither, ither, rahther, fahther, and nahsty. (Laughter). Someone had said that the most successful speaker was the man who understood nothing of his subject (laughter)—and he came under that category. (Renewed Laughter). They had Dudgeon, who had shaken hands with Hahnemann (cheers); they had “rich-hearted” Hughes, a citizen of the homœopathic world (cheers), they had had Drysdale (cheers), and with those three they had conquered the world. (Cheers). But America had also their Hughes, their Dudgeon, and their Drysdale; they had Timothy Field Allen (cheers), they had J. T. Talbot (cheers), they had that young hustler, Charles E. Fisher, and they had S. W. E. Dewey (cheers), and from all those men they had gathered wisdom. Some of the Americans had come to the Congress to criticise, but there was no criticism

—the Congress had been an unqualified success. (Cheers). They had no complaints to make; they had been received with open arms, the hospitality shown them had been without stint, and they had enjoyed themselves to the full. (Cheers).

Dr. VON DITTMAN proposed the toast of "Homœopathic Hospitals." He said that the most important factor in proving the truth of Hahnemann's theory was the hospital. He had been charmed with the London Homœopathic Hospital, which he thought was a model for all hospitals (cheers), and one which he would be very glad to see established in Russia. With the toast which he asked the members to drink he coupled the names of Dr. McClelland and Dr. Galley Blackley. (Cheers).

The toast having been duly honoured,

Dr. McCLELLAND responded. The London Homœopathic Hospital, he declared, would compare favourably not only with any hospital in England, but with any throughout the world. It was something to be proud of. (Cheers). A hospital was a great school for making better doctors and nurses, and afforded a place where suffering humanity might be restored to health. The most lasting monument that could be built to the memory of Hahnemann was, without doubt, a hospital where the poor and the rich could receive benefit from the principles which Hahnemann had given to mankind. (Cheers). He felt it an honour to be associated in the toast with the senior physician of the London Homœopathic Hospital—Dr. Blackley.

Dr. GALLEY BLACKLEY, in replying, described the work of the London Homœopathic Hospital, and forecasted the future growth of the hospital. In 1905 there would be 140 beds, in 1925, 250 beds; in 1945, 560 beds; in 1965, 1,020 beds; in 1995, 2,040 beds, and in 2005 there would be 4,080 beds (laughter and cheers). Their friends, the enemy, he said, proposed war to the knife, and homœopaths replied:—

We don't want to fight,
But, by jingo, if we do,
We've got the *house*
We've got the *men*,
And we've got the *money* too."

(Cheers and laughter.)

Dr. KRÖNER then proposed "Homœopathic Societies." He considered that not only local societies but national societies were necessary for furthering the cause of homœopathy. He coupled with the toast the names of two of the most eminent members of Homœopathic Societies, Dr. Betts, of the American Institute and Dr. Schepens of the Cercle Homœopathique de Flandres.

The toast was received with cheering.

Dr. BETTS, in replying, advocated the organisation of the

profession into societies as being the best means of furthering the cause of homœopathy.

Dr. LOUIS SCHEPENS also responded, paying tribute to the generous hospitality with which the visitors to the Congress had been received. He congratulated most heartily the organisers of the Congress on the very excellent programme which they had prepared and the thorough way in which it had been carried out; and he tendered the most sincere thanks of the members of the Congress to the British Homœopathic Society for their hospitality. (Cheers.)

Dr. GOLDSBROUGH proposed the toast of "Our Guests," which he claimed to be the toast of the evening. Homœopathy they had always with them; their Societies and Hospitals they had always with them; but their guests were not always with them, and if it had not been for the guests there would have been no dinner and no speeches.

The toast was drunk with great cheering, and

Dr. LEON SIMON, on rising to respond, met with a hearty reception. He expressed the thanks of the delegates for the manner in which the British Homœopathic Society and their colleagues generally had extended hospitality to them.

Dr. KRANZ-BUSCH next proposed "The Ladies," a toast responded to amid much cheering by Dr. CORNELIA S. STETTLER of Chicago, who briefly sketched the steps of progress which had given women their present high place in the homœopathic ranks.

Dr. DRZEWIECKI then proposed "Our Host," *i.e.*, the British Homœopathic Society, a toast which was received and honoured with great enthusiasm, and Dr. Madden having been obliged to leave earlier in the evening, it was responded to by Dr. WASHINGTON EPPS, vice-president of the Society, who said :—

Ladies and Gentlemen,—First let me thank Drs. Drzewiecki and Kranz-Busch for the many kind things they have said. As the spokesman of the British Homœopathic Society, let me say that we are most heartily glad to see you all with us to-night and thank you for your attendance. The brunt of the work of getting up this banquet has fallen almost if not entirely on our indefatigable Secretary, and I shall therefore give a very material dose of your thanks to Mr. Knox Shaw. We, the Presidents and Vice-Presidents, may come and we may go, but, most fortunately for our Society, Shaw goes on for ever.

Let me further say that it has been a very great satisfaction to us all that so many have thought it worth while to cross the ocean and travel from all parts of Europe to attend this Congress, and show so much interest in the discussions and demonstrations and in our Hospital itself. May I give voice to the hope, which I know you all share with me, that the

personal intercourse and better acquaintance with each other that this Congress has brought about, and the exchanging of views and opinions on the great truth so dear to all our hearts may lead to lasting friendships and good understanding, as well as to the shedding of more light on all scientific and earnest workers in our profession. Once more, we thank you for your presence and are most heartily glad to see you.

In response to a general call Mr. KNOX SHAW also returned thanks for the toast, and expressed his gratification at any services the Society had through him been able to render.

This completed the toast list, when, with the permission of the Chairman, Dr. McCLELLAND, in a few telling words, proposed the health of Dr. TALBOT, of Boston, U.S.A. The toast was drunk heartily and enthusiastically, in a way that testified to the appreciation which homœopathic physicians of every country are ever ready to show for a colleague who does real work in promoting the cause of scientific therapeutics, and few, if any, have done more anywhere than TALBOT, of Boston.

With this gratifying testimony to good work well done, a very enjoyable evening was brought to a close, and with many hearty good-byes the members of the Congress separated.

NOTABILIA.

THE BRITISH MEDICAL ASSOCIATION.

THIS huge association of members of the medical profession has recently held its annual meeting at Carlisle. No one, we think, can read the reports of its proceedings and the commentaries upon them, both of its own organ, *The Journal*, and of the *Lancet*, without seeing that all the elements of disintegration were displayed on the occasion in a state of active operation. Writes the editor of the *Lancet*, "A considerable change has come over the Association itself and the views of its members as to their duties and powers. . . . The essence of this change is in the tendency to magnify the branches at the expense of the influence of the Council, and to make the Association one more for the promotion of the personal interests of the profession than of the science on which it rests." And, again, the critic writes: "There are not wanting prophets of evil who say that the Association has reached its zenith and will henceforth decline; that its high notions of reform, its demand for ethics and for making itself into an ethical court, will be followed by ridicule, if not disaster and disruption."

The British Medical Journal itself is not one whit less severe in its strictures upon the Association it represents. "It must be confessed," it says "that the proceedings at the general meetings have invited very unfavourable criticisms from many quarters, and this meeting, which by its casual

constitution and the insignificance of numbers of those who attend what are called the business meetings, and the frequent violence and incoherence of the speeches delivered, is not calculated to increase the respect for its judgment." In other passages of the same article we read of "a disorderly discussion," of resolutions put before the general meeting which were "contradictory," and some of them as being "mutually destructive in character." The proceedings at the Section on Ethics are described as having displayed "very contradictory and inchoate opinions, and to afford little ground for future guidance. Much of them is unpublishable."

Individual members seem to have also spoken at the meetings regarding the Association in very plain terms. *The Lancet* quotes one as saying that "he regarded the British Medical Association as the most hopeless, helpless, and futile organisation ever seen in the world—a huge whale stranded on the sands of time, incapable of doing anything but flap its tail."

The Lancet struck the note—the key-note of all this hubbub—in the sentence we have quoted, that the aim of the members, is to "make the Association one more for the promotion of the personal interests of the profession than of the science on which it rests."

The Association is, as a whole, desirous of becoming a regular trades union, the chief end of which is to render "co-operative stores" in the form of medical aid societies illegal; to be able to prosecute every one who sells or gives anything, or advises any one to take any medicine to relieve his aches or pains! There is something revolting in such proposals. But there are reasons to account for most things, and we think there are reasons which explain this attempt to degrade the profession of medicine from a "mission" to a "trade"—to lower the chief object of professional work from one of doing good to that of getting money.

The impossibility of converting the profession into a money-making business is, we believe, certain. The British public are determined that it shall not be so. The fees paid to general practitioners in the country towns and villages are 50 per cent. lower than they were half a century ago, while the reluctance with which medical accounts are settled now is infinitely greater than it was then. To keep a medical man waiting for a year or longer is no unusual thing even among people who are known to be well off, keep up a showy appearance, enjoy their annual holiday in Scotland or on the Continent. Not a few persons of this type escape paying for medical services by depending upon charity for them! They join a club, to which they contribute a penny a week, and delude themselves into the notion that they are "paying" for what help they receive. As a matter of fact, a Friendly

Society Medical Club is as much a charity as is the soup kitchen, so frequently brought into operation during a severe winter, when the poor and needy receive supplies on payment of a penny or a half-penny—a sum that would not cover the cost of a tenth of what is given. Others go to the out-patient room of a hospital, and we have heard of women in comfortable circumstances, and moving in what is called “Society,” keeping a shabby worn-out dress in their wardrobe “to go to the hospital in.”

While all this kind of thing is going on, and the practice of medicine is becoming less and less attractive as a means of obtaining a livelihood, and while, so far as nine-tenths of general practitioners are concerned, the possibility of making money from this source has long since vanished, hundreds of young men, attracted by the intrinsic interest of medical and surgical work are crowding into the profession.

It is from causes such as these, that we find that the rank and file of the profession, as represented by the Association, are, to use an expressive American phrase, “kicking.” The schemes proposed by the section on Ethics are useless, and to carry them into operation is hopeless.

As long as human nature is what it is, far too many people will be found to send for the doctor whenever they want him, and cheat him by some means or other whenever they can.

Our contemporary *The Chemist and Druggist* (August 8th), has the following article upon the proposals of the section of Ethics of the Association:—

“Far and away the most interesting section of the British Medical Association’s Annual Meeting is that one where ‘Ethics’ are discussed. The members are not all great on medicine or surgery, but they are mighty on ethics. Here the dirty linen of the profession is washed, here are all the disturbances, here the little men can have their fling at the big men, and take their revenge on them for the pompous way they are treated in the strictly professional sections. There was some excellent fun this year at Carlisle. ‘The ethics of advertising’ was on the programme, and Dr. Kingsbury, of Blackpool, who recently gained a victory in the law courts over the Association’s Journal, which had charged him with unprofessional conduct in allowing his name to be advertised in connection with a hydropathic institute, had the temerity to fancy that his case was appropriate to the discussion. He was howled down. The Medical Council was also the subject of much animadversion because it does not sufficiently exercise its punitive functions. Chemists, too, figured pretty largely this year as ‘Ethics.’ Dr. George Bateman, the Secretary, we believe, of the Medical Defence Union, has discovered, it appears, that chemists prescribe, and in the old form of words

which weakness always adopts when it wants to look strong, he announced that 'Something must be done.' There are several things which might be done. The medical men might, for instance, go to Parliament with the Bill which they so often talk about, making it a penal offence for anybody but themselves to advise in regard to diseases. Why does not Dr. Bateman advocate this course? We think we know. Or, again, a series of prosecutions under the Apothecaries Act might be brought, and this seems at first sight to be a tangible proceeding. But Dr. Bateman does not cordially recommend that course. For in that case, he says, medical men must expect pharmacists to retaliate by proceedings against those members of the profession who keep dispensaries and permit unqualified dispensers to sell scheduled poisons. That we have done, are doing, and shall do, quite regardless of what proceedings may be taken in respect of counter-prescribing. But we should retaliate in a much more effective way than Dr. Bateman imagines. Any attempt on the part of the Apothecaries Company to use their Act to put a stop to what we venture to call legitimate counter-prescribing would ensure the prompt repeal of that decrepit old statute. The Medical Defence Union may not be aware of this, but the Apothecaries Company know it well enough, and their Act cannot be used without their sanction. The really efficient methods of checking counter-prescribing being therefore barred, Dr. Bateman's 'something' resolved itself into a peculiarly harmless resolution calling upon the Council of the Association to approach the Council of the Pharmaceutical Society and ask them to use their moral power in restraining their licentiates from breaking the law and infringing the rights and privileges of legally qualified medical practitioners. We congratulate the ethical section of the British Medical Association on their discretion in thus limiting their demands to a demonstration with no more fizz in it than this. But we hope, if the request should come before the Pharmaceutical Council, that body will have backbone enough to refuse to make itself ridiculous by assisting in the proposed farce,"

CORRESPONDENCE.

TRANSACTIONS OF THE INTERNATIONAL CONGRESS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Will you allow me, through your pages, to call the attention of our colleagues to the subscription list which has been opened for the *Transactions* of the late International Homœopathic Congress? At the British Congresses of 1894 and 1895 it was agreed that, while the

expenses of the meeting were to be defrayed by the practitioners of the country in which it was held, those of printing the Transactions should be met, as in 1881, by a subscription from those desirous of possessing the volume. Its cost is estimated at ten shillings. I shall be glad to receive the names and addresses of subscribers not already given to Mr. Dudley Wright at the Congress. A postal order for the price may be sent therewith, or it will be applied for when the volume is ready for distribution.

I am, Gentlemen, yours faithfully,
86, Silwood Road, Brighton, RICHARD HUGHES.
August 18th, 1896.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

Dr. POPE has received from some, to him, unknown source, a collection of most interesting cartes de visite photographic portraits of homœopathic practitioners of thirty years ago. He desires to thank the friend who sent them, only regretting that he is not able to do so by letter, and to assure him that they are very highly valued by him.

Dr. E. WILLIAMS,—Your letter and the cutting from *Life* are in type, but have been crowded out at the moment of going to press. They shall appear next month. Your promised contribution on Schott's treatment will be very welcome.

Communications have been received from Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, and Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. J. D. HAYWARD (Liverpool); and Dr. ORD (Bournemouth); Dr. GATCHELL (Chicago); BOERICKE & RUNYON (San Francisco).

BOOKS RECEIVED.

The London Homœopathic Hospital Reports. Vol. v. London. 1896. *Occasional Papers by Dr. Stammers Morrison.* Gould & Son: London. 1896.—*The Homœopathic World.* August. London.—*Medical Reprints.* August. London.—*The Chemist and Druggist.* London.—*Chikitsaka-o-Samaloehaka.* June, 1896. Calcutta.—*The North American Journal of Homœopathy.* July and August. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* August. New York.—*The New York Medical Times.* August.—*The New England Medical Gazette.* June. Boston. *The Hahnemannian Monthly.* August. Philadelphia.—*The Homœopathic Recorder.* July. Philadelphia.—*The Homœopathic Envoy.* August. Lancaster, Pa.—*The Medical Century.* July 15. Chicago.—*The Hahnemannian Advocate.* Chicago.—*The Medical Argus.* July. Minneapolis.—*The Minneapolis Homœopathic Magazine.* July.—*The Southern Journal of Homœopathy.* July. Baltimore.—*The Pacific Coast Journal of Homœopathy.* July and August. San Francisco.—*Revue Homœopathique Française.* June and July. Paris.—*Revue Homœopathique Belge.* June. Brussels.—*Allgemeine Homœopathische Zeitung.* July and August. Leipzig.—*Archiv für Homœopathie.* July. Dresden.—*Leipziger Populäre Zeitschrift für Homœopathie.* August.—*Homœopathisch Maandblad.* August. Amsterdam.—*El Propagador Homeopático.* July. Madrid.—*Revista Homeopática.* June. Barcelona.—*La Homœopatía.* Bogotá. July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watgate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

AN INTERNATIONAL MEMORIAL OF HAHNEMANN :

A DUTY.

ON the day of the first meeting of the recent Homœopathic Medical Congress, Dr. DUDGEON opened a discussion on the condition and prospects of homœopathy at the present time, and on the best means of furthering its cause. In the course of the debate which followed, Dr. BRASOL, of St. Petersburg, suggested that a proposition should emanate from the Congress for celebrating, in some permanent form, the hundredth anniversary of HAHNEMANN'S enunciation of the first principles of scientific therapeutics. He further suggested that the erection of a monument to his memory would be a suitable mode of expressing the reverence those, who have adopted his teaching, feel towards one who was "a man of genius and a scholar, a man of indefatigable industry and of undaunted energy,"* and of the esteem in which they hold the memory of the "gigantic intellect, who, as Professor ESCHENMAYER, of Tübingen, said, conceived the idea of reforming medicine, and showed by example how it was to be done." As the most appropriate site for such a monument he pointed to HAHNEMANN'S "long neglected grave" in the cemetery of Montmartre, in Paris. To carry out the idea which

* *British and Foreign Medical Review*, vol. 21, p. 226.

Dr. BRASOL had broached, an International Committee was formed, consisting of himself, Dr. CARTIER of Paris, Dr. HUGHES of Brighton, Dr. BUSHROD JAMES of Philadelphia and Dr. VILLERS of Dresden.

The fact that HAHNEMANN's remains were laid in a grave that had been "long neglected" must, we feel sure, have been a melancholy surprise to the large majority of those who heard it stated. We give in our present number the translation of a paper by Dr. CARTIER in the *Revue Homœopathique Française* for June in which he relates the sad history of the circumstances which have led to a neglect that reflects so gravely upon some who were most closely connected with the venerable *savant*.

HAHNEMANN, living in happy and peaceful retirement at Coethen, when 80 years of age was fascinated by the charms of a French lady of less than half his age, an artist of considerable talent, a lady of wide culture. She presented herself to him as a patient according to some reports, others, and among them a M. SANCHES, who has endeavoured to present her in the most favourable light, state that her object in consulting HAHNEMANN was that he might benefit her mother. This Mademoiselle MELANIE D'HERVILLY was the daughter of an artist, and the adopted daughter of one LOUIS JEROME GOHIER, Minister of Justice and President of the Executive Directory of the French Republic in the time of the 18th Brumaire (1799).^{*} Whatever may have been her motive in endeavouring to capture HAHNEMANN, she had no sooner effected her purpose than she led him in triumph to Paris. There she succeeded in obtaining from M. GUIZOT the right for her husband to practise his profession.

Established in a handsome mansion in Paris, HAHNEMANN's *salons* were soon crowded with patients, and Madame's matrimonial speculation became a well-pronounced success. That it was so, is evident from the account of a professional visit to HAHNEMANN in 1839, written by Mrs. MOWATT, an American actress, and quoted in full by Dr. BRADFORD in his *Life of Hahnemann*, p. 376. "HAHNEMANN," wrote the editors of the *British Journal of Homœopathy*, "lived eight years after his

^{*} Bradford's *Life of Hahnemann*, p. 325.

removal to Paris, during which period he had an enormous practice, and, no doubt, left a very considerable sum of money to reward the devotion of his widow. After his death, Madame HAHNEMANN continued to practise, and, thanks to his name, retained many of the patients of her deceased husband and attracted many new patients to her consulting rooms. Thus, her connection with HAHNEMANN was not only advantageous to her during his life, but was a source of considerable emolument to her after his death." (Vol. xxxvi., p. 301).

That Madame took the greatest care of her venerable husband has always been acknowledged, and as he proved to be a veritable gold mine to her, and provided her with a degree of notoriety and social influence she could not otherwise have acquired, we can readily believe that she did so. That she had any real affection for him, her conduct during his last illness and after his death renders improbable. During the illness of six weeks that terminated his life, Madame HAHNEMANN rigidly excluded his dearest friends and nearest relations from his presence. His daughter, Madame LIEBE (formerly Süss), and her son arrived in Paris a week prior to his death; "but," says Dr. SÜSS-HAHNEMANN, in a letter to the *British Journal of Homœopathy* (vol. xxiii., p. 423), "I was only present at the very last dying moments of my late grandfather, not even on the eve of his death, although my late mother and I had arrived in Paris already a whole week previous to this sad event taking place. In spite of our most earnest entreaties, in spite of HAHNEMANN'S own wish to see once more his favourite daughter, Madame HAHNEMANN resolutely and sternly refused us an interview with our dying parent, when he would have been still able to speak to us and bless us."

The motive which determined Madame HAHNEMANN to deny her husband the gratification he desired, the husband towards whom she professed so much devotion, or that which dictated her refusal to his daughter and grandson to see him as long as he was able to converse with them, we will not attempt to divine.

HAHNEMANN died, his widow had the body embalmed. "Many of HAHNEMANN'S friends in Paris," write the editors of the *British Journal of Homœopathy* (Vol. xxxvi., p. 301) "were desirous of testifying their

respect for him by attending his body to the grave, but this wish his widow disappointed by keeping the time of his funeral a profound secret. Early one morning (half-past six o'clock) a common hearse drove into the courtyard of the mansion in the Faubourg St. Honoré, the coffin was put into it, and the hearse was speedily driven off to the Montmartre Cemetery followed on foot by the bereaved widow, by HAHNEMANN's daughter, Madame LIEBE and her son, and a young doctor named LETHIÈRE. These were the only mourners. The body was consigned to an old vault without any ceremony, religious or otherwise."

M. SANCHES, who, in a communication to the *British Journal of Homœopathy* (Vol. xxxvii, p. 98), poses as the apologist of the widow, says, "if the funeral was on a modest scale that was certainly not from any parsimonious spirit, but solely in obedience to the last wishes of the deceased." Conducting the funeral of a most distinguished, widely honoured and venerated man "on a modest scale," is one thing and doing so as though the deceased had been some unknown tramp who had died in a workhouse is quite another. At any rate, whether from motives of economy or on any other ground, Madame HAHNEMANN preferred the latter.

Having buried her husband in the fashion we have described, she repelled every attempt to render his burial place conspicuous.

Dr. CARTIER, in the article we have referred to, points out the various efforts that were made to care for the grave, and to procure the erection of some monument to the memory of the greatest therapist of the century on the spot where his remains were interred, to all of which Madame HAHNEMANN, who was the proprietress of the plot of ground, expressed a determined refusal. To assist in doing something, however small, towards keeping green the memory of one for whom, during his lifetime, she had repeatedly declared her affection and adoration, she would do nothing, and not only so, she would not permit anyone to do anything. Further, to the grave and its surroundings she denied all care, allowing everything to become thoroughly dilapidated. And yet again, her adopted daughter, who married a son of BËNNINGHAUSEN, the well-known devoted admirer and earnest disciple of HAHNEMANN, has been as determined as was

her adopted mother in keeping HAHNEMANN'S grave in a neglected condition.

It appears from Dr. CARTIER'S paper that some repairs of the surroundings of the grave have been made. To effect them, and, at the same time (to prevent the possible desecration of the grave), to purchase "a few centimètres of ground" adjoining it, the Hahnemann Medical College of Philadelphia furnished the necessary funds. Dr. DEWEY, of New York, in a letter to the September number of the *North American Journal of Homœopathy*, giving an account of the London Congress and of his visit to Paris, when he inspected the spot where HAHNEMANN is buried, says of the tomb: "It is a simple sarcophagus of stone surrounded by a substantial railing. The stone is unmarked, no name appears to show who lies beneath it." So far, then, the temporary repairs to which M. CARTIER refers have been effected.

The feeling of the Congress on what ought to be done to blot out the remembrance of years of neglect to which his widow and her heir have exposed the last resting place of HAHNEMANN was fully and freely expressed. A representative International Committee was appointed "to ascertain the condition of HAHNEMANN'S tomb in the Montmartre cemetery in Paris, to consider the measures necessary to put it into a proper condition, and to erect a suitable monument to HAHNEMANN to celebrate the centenary of his teaching."

In carrying out this resolution we have the fullest assurance of the enthusiastic support and cordial assistance of the Société Française d'Homœopathie, and we look with confidence for that of all in Great Britain and throughout Europe who know and feel that their power of control over disease has been strengthened by the work which HAHNEMANN accomplished for the science and art of medicine.

We shall await with interest the report of the Committee of which Dr. BRASOL of St. Petersburg is the chairman and Dr. CARTIER of Paris the secretary.

We have a solemn duty to perform. We trust that the proposals of the Committee will be such as will ensure its being done adequately, and that they will be thoroughly supported in carrying them out.

HAHNEMANN'S GRAVE IN PARIS.*

By FRANÇOIS CARTIER, M.D.

A PLAIN and utterly neglected tomb is that which encloses the mortal remains of the founder of homœopathy! Hahnemann sleeps in the cemetery of Montmartre absolutely forgotten; and, while a monument is being raised to his memory at a cost of £20,000 in a public place at Washington, the spot where the remains of the master repose is abandoned to the destructive influences of time. A corroded roofing of zinc, railings eaten away by rust, a stone without an epitaph, with weeds all around—such is the resting place of all that is mortal of this man, whose teaching is recognised by more than 12,000 physicians!

I hasten to say that the French homœopathists are not to blame for this disgrace. At the time of the master's death in 1842, Paris contained homœopathists and partisans of the doctrine sufficiently numerous to have raised a subscription which would have provided the master's body with a tomb worthy of his name, but it was necessary to obtain the consent of the family before doing so, and Mdme. Hahnemann, his widow, sole mistress of the body of her husband, refused to give her consent, and buried Hahnemann almost secretly. We only knew of the death of Hahnemann four days after his funeral, said a doctor to me, who had been intimately acquainted with Chargé and some direct disciples of the master, and even now we do not know for certain whether Hahnemann died at Paris or at Nice!

The celebrated Chargé, who had been physician to the Emperor Napoleon III., made repeated and persevering efforts to induce Mdme. Hahnemann to allow a monument to be constructed to the founder of homœopathy; the widow, who practised the method of the master in the rue du Faubourg St. Honoré, under the legal responsibility of her son-in-law, a son of the great Bœnninghausen, or perhaps Bœnninghausen himself, I do not know exactly which, obstinately refused.

Years rolled on, the tomb was left to the uncontrolled keeping of the widow, and by degrees it fell into the most complete neglect. Thirty years after the death

* Translated from the *Revue Homœopathique Française* for June 30, 1896.

of Hahnemann his widow died, in 1872, leaving an adopted daughter, Mdme. de Boëninghausen. This daughter had been adopted, I am told, by the first husband of Mdme. Hahnemann.

At this period the French homœopathists could have taken steps to approach the indirect heir, but France had just suffered cruel reverses, and no one took the matter in hand. Forgetfulness increases as time passes, and to this day the tomb of Hahnemann has received no attention whatever.

A month since I received a visit from Mr. Charles Platt, Professor of Chemistry at the "Hahnemann College" of Philadelphia. He had been referred to me by Dr. Bradford, librarian of Hahnemann College, and author of a *Life of Hahnemann*, and he described to me the dilapidated state of the tomb of the master.

What is more, the tomb exceeding the regulation limit, the concessionaire of the cemetery had power to remove it and to put the body into a common grave, if no one purchased the extra ground. It required 110 francs for the purchase of these few centimètres of ground, and "Hahnemann College" of Philadelphia has just paid it into the City of Paris through the medium of Mr. Charles Platt!

I went on the 25th June with Mr. Platt to the cemetery of Montmartre, where they showed us the tomb of Hahnemann. It is covered by a great stone, larger than the rest, with a half-destroyed roof of zinc and surrounded by a rusty railing. Six wreaths, as old perhaps as their surroundings, are lying under the zinc. In a German journal there appeared, a number of years since, a photograph of the tomb of Hahnemann, the six wreaths being represented. On the tombstone there is no inscription; only in small letters "C. P.," with a number, indicating a concession in perpetuity. Hahnemann's remains are not alone in the grave; his is the third body placed in it; the two other bodies, underneath that of Hahnemann, belonging to the Lethière family, of which one of the members became a distinguished painter and professor at the school of Rome. The grave, therefore, does not belong to Hahnemann's, but to the Lethière family, of whom no descendants remain. In consequence of this, and notwithstanding the three bodies contained in it, the grave is completely abandoned.

By the side of this Lethière sepulchre is a tombstone carefully kept in repair, ornamented with fresh flowers, and with wreaths brought each year; it is the grave of Mdme. Hahnemann, who in her last will desired to be buried near her husband. The tomb of Mdme. Hahnemann, in fine granite, bears an inscription upon the stone, giving her name, her christian names, dates of her birth and death, and above all distinctly these words: "Wife of Samuel Hahnemann." This tomb is religiously kept in order by the daughter of Mdme. Hahnemann, Mdme. de Boenninghausen, who lives a retired life at Durap, a little town of Westphalia. Each year, Mdme. de Boenninghausen comes to spend a fortnight in Paris, and gives orders to her mason, M. Noel, to keep in repair the tomb of her mother.

Is there not reason, when beholding these two tombs—the one freshly renovated, the other completely neglected—to make bitter reflections?

Mdme. de Boenninghausen, passing the great part of the year in Westphalia, leaves as her procurator at Paris, M. Cloquemin, director of "La Paternelle" Assurance Company. Moreover, the register of the cemetery of Montmartre contains the name of M. Cloquemin only, as the person in charge of the Lethière-Hahnemann burial place. The entry in the book reads "All enquiries to be addressed to M. Cloquemin." The name of Mdme. de Boenninghausen does not appear.

I therefore went to see M. Cloquemin, who very kindly gave me several explanations. This gentleman, a great friend of the family of Mdme. Hahnemann, his sister-in-law having lived on intimate terms with the widow and with her daughter Mme. Boenninghausen, had never known Hahnemann. He was fulfilling a pious duty in keeping in order the tomb of Mdme. Hahnemann, for whom he had great respect, but not being a homœopathic physician, and having never known Hahnemann, it is quite natural that he rather neglected the grave of her husband! Nevertheless he informed me that, understanding the laudable motives for our procedure, he would do his best to persuade Mdme. de Boenninghausen to confide the care of the tomb of Hahnemann to his disciples. For the present, Mr. Platt has received from the "Hahnemann College" of Philadelphia authority to give a

certain sum for keeping Hahnemann's tomb in repair. We are going to have some temporary repairs done for the modest sum of 80 francs. We have decided, Mr. Platt and myself, to remove the old zinc roofing, to wash the tombstone and to scrape and repaint in black the railings surrounding it.

Poor tomb which hides all that was mortal of so great a man!

CLINICAL OBSERVATIONS ON THREE CASES PRESENTING POINTS OF INTEREST.

By S. H. RAMSBOTHAM, M.D.

Physician to the Leeds Homœopathic Dispensary.

IN the belief that what proves interesting or instructive to one may have some value for all, I venture to put on record three cases which have lately proved specially interesting and instructive to myself.

No. 1.—GALL STONES.

30th June, 1895. During my absence from home, Dr. Vincent Green, who was kindly taking charge of my practice for the time, was called to see Mrs. H., widow, aged 64, whom on my return home a few days later he reported as having had an attack of influenza. Visiting her on July 4th, I found her weak, with furred tongue and no appetite; but free from pain, save a slight tenderness over the epigastric region, and laying her symptoms to the account of the influenza, prescribed strych. phos. 8x, one minim thrice daily. On the 9th I was told the patient had had a relapse. During the preceding night a sharp rigor had occurred, followed by an attack of fever so severe that the thermometer registered 104° ; at the same time she had severe headache and pains in the limbs, in the joints more than in the shafts of the bones; and the attack had terminated with violent and profuse sweating. At the time of my visit the temperature had sunk to 102° ; the patient was languid and weak, there was slight tenderness over liver and some epigastric pain, but no marked symptoms of any kind. Still holding the idea of influenza, I gave arsenicum and gelsemium, continued in attendance for a few days, and again endeavoured to patch up my patient's strength with strych. phos. and chin. sulph., which latter

remedy quickly seemed to disagree, and was discontinued. Similar attacks continued to recur at intervals of from four to ten days; and now, notwithstanding the lack of absolute periodicity in the attacks, I tried to find some malarial origin for them, but without success. During the latter part of August one of the febrile attacks was followed by giddiness, tinnitus, nausea and cold perspiration, and the weakness became more pronounced. Merc. sol. now took the place of arsenicum. Although her own home is in a fine, open, healthy situation in one of the best of our Leeds suburbs, nearly three miles from the centre of the city, I was glad to acquiesce in the patient's removal for a short visit to the house of a friend, situated at a still higher elevation, further away from the city, and standing in its own spacious pleasure grounds and park. The attacks, however, continued to recur, and occurred in the day time as well as the night, the patient in the interval experiencing more or less *malaise*, with more pronounced tenderness over the hepatic region, accompanied by a dragging sensation which made standing or walking wearisome, and lying down was found to be the most comfortable position. In the early part of September she went to Settle for a fortnight, accompanied by her daughters. Here, 500 feet above the sea level, on the mountain limestone, in the midst of most beautiful scenery, and in the clear, pure air of the Craven district, it was hoped some improvement would take place. On September 10th I received a letter saying the febrile attacks still continued, and that the liver was now showing distinct signs of derangement, the urine having become very high in colour and the stools correspondingly light and clayey. R. Chamomilla 1x and lycopodium 6. I felt much puzzled by the peculiar development of the case; and when at the Leeds Congress (19th September) Dr. C. H. Blackley proposed to me that he should pay the lady—formerly a patient of his own in Manchester—a friendly visit, I welcomed the suggestion, and asked him to note her case, and help me with any suggestions for treatment which occurred to him. Under these circumstances he thought it best that we should see her together, and as she had now returned home, our joint visit was made two days later. After he had completed his examination he

greatly startled me by expressing the opinion that the patient was suffering from gall stones, an opinion which was to me a severe trial of faith, as I was then unable to conceive of gall stones existing without any concomitant pain. It was reassuring, however, to learn that he had not met with more than three or four such cases, and that he had been puzzled by the first as much as I had been. At his suggestion *nux v.* 1x and *merc. sol.* 3x were now given; these medicines were continued for a month, when the skin beginning to manifest a distinctly icteric hue, *berberis* 1 and *lycopodium* 6 were substituted. During their administration some benefit was noticed, for though the patient continued to lose flesh, and the jaundice and nausea were still present, the interval of about three weeks varied from a pale clay color to a brownish yellow. After this interval between the attacks of jaundice, and more marked

the appetite began to increase in a measure, but becoming so ill she finally asked that Dr. Black-
and kindly came over without delay for my opinion, to which by and by I assented. *Merc. dulcis* 1 and *china* were now suggested, and the patient was to be confirmed in a few days or stones. From the time of the visit the stools had been carefully examined, but no

passed through a sieve. No foreign substances had been found in them. Nor were any found on the subsidence of this attack, neither was it followed by any improvement in the patient's condition; in fact, she seemed decidedly worse, jaundice and rapid emaciation being super-added to her previous symptoms. Save that in January the treatment had to be discontinued owing to an attack of conjunctivitis, severe and protracted in proportion to the patient's already enfeebled condition, these medicines were continued up to the end of March. During February some improvement was again observable; the febrile attacks were less frequent and severe, and she had again a period of three weeks of freedom, and though her



Part of Gall Stone showing
broken side.



Part of Gall Stone showing
round side.

Two larger Gall Stones (actual size) passed in case.

appetite was still a *minus* quantity, she gained some little strength. In the beginning of April she went to Grasmere, where she remained for about a month, and after a fortnight at home went to Ilkley for another three weeks. All this time the nausea and weariness continued, though the febrile attacks were certainly less severe; but her confidence in the soundness of Dr. Blackley's judgment enabled her to bear the trial of such constant and prolonged invalidism, and to look forward hopefully to ultimate recovery from it.

During her stay at Ilkley she was induced by the experience of others to drink the imported Carlsbad waters. This she did the more readily as I had discussed with her the possibilities of a visit to Carlsbad, with a view to undergoing treatment at the place itself. On the 11th June a sharper rigor than usual occurred, and on the 20th the first piece of concretion was found in the stool. During the next three days several pieces passed; these consisted apparently of cholesterine in an amorphous form, mixed with some fatty matter. They were friable and left a yellow stain. Two of them were the size of ordinary marbles, and there were about a dozen smaller pieces which appeared to have been broken off the larger ones. After this steady improvement set in, and has since been maintained. She continued to take her dose of Carlsbad water (half a tumbler each morning before breakfast) for another month; her appetite returned; she gained strength and flesh, and at this date (July 30th) assures me she feels perfectly well.

The cure in this case cannot be claimed as having been wrought by homœopathy: it illustrates rather the value of natural mineral waters as therapeutic agents. They are sometimes decried, and the benefits occurring during their use are too easily set down to the credit of the change of air and scene and to the more strict regimen enforced at these 'Spas.' Mrs. H. took the water at home; there was no change of air, nor alteration in her ordinary habits of life; yet the very effects followed which have long been ascribed to the ingestion of the water at the spring itself. Mr. Mayo Robson, whose experience of gall stones is of the widest, commonly advises this mode of taking the Carlsbad waters (*On Gall Stones*, p. 116), and thinks as much good may be done by them at home, as by going to the spring; a

comforting assurance for those whose pockets could ill afford a visit to the Spa. But though the cure cannot be claimed for homœopathy, it is only reasonable to suppose that some of the alleviations observable in the course of this protracted illness not only ensued upon, but were attributable to the administration of the medicines selected. It should be noted also—and here perhaps comes in an indirect benefit from homœopathy—that the dose of water given was much less than that ordinarily prescribed, and yet it answered its purpose. Dr. Kraus, of Carlsbad (*On Gall Stones*, p. 78), speaks of three tumblers a day as the ordinary dose. Mrs. H's daily consumption was only one-sixth of this quantity, yet in her case at any rate a larger dose would clearly have been unnecessary, perhaps even mischievous. It is indeed matter of common observation that when from any cause those who have been nourished and brought up on homœopathy are compelled to have recourse to allopathic, or even to mineral water treatment, much smaller doses than those usually deemed necessary are required for the production of the desired effect.

But the points of chief interest in this case are (1) the difficulty of diagnosis, and (2) the passage of gall stones, especially concretions of so large a size without pain. It may, indeed, be held that I ought earlier to have discovered the true cause of the malady. Attention was, it is true, early directed to the liver, but its derangement was considered as consequent upon rather than as causing the ague-like attacks. A certain amount of hepatic congestion may occur in connection with influenza and malarial fever, the skin in some cases even assuming a slightly icteric tint.* Frerichs† speaking of the presence of concretions in the interior of the liver, tells us the symptoms they cause are of an indefinite character, but that occasionally, owing to more severe irritation of the bile ducts "attacks of rigors occur, followed by sweating, which lead to the assumption of intermittent fever; the more readily as jaundice and other hepatic symptoms are absent." In one case occurring in his own practice "Quinine was given for a long time without benefit, and the cause of

* Russell Reynold's *System of Medicine*, vol. i, pp. 42-66.

† *Diseases of the Liver*, vol i, p. 516, (New Sydenham Society, 1861.)

the rigors was not discovered until the *post mortem* examination; numerous calculi up to the size of a bean were then discovered in the hepatic duct, the glandular tissue of the liver being unaltered." In the present case Dr. Blackley's experience enabled him to form a correct diagnosis at an early period, and so probably conduced to its more happy termination.

Frerichs also tells us* that in several cases occurring in his own practice the colic arising from gall-stones has been accompanied by a severe attack of rigors, often followed by heat and sweating, the temperature rising to 104°.9, and the pulse reaching 120. These attacks occurred at irregular intervals, each occasion being marked by an increase of pain. And Mayo Robson† quotes a paper on the same subject by Dr. Osler of Baltimore which appeared in the *Annals of Surgery* for March, 1890, wherein are given as symptoms characteristic of the existence of gall stones in the common duct:—

1. Jaundice of varying intensity, deepening after each paroxysm, which may persist for months or even years.

2. Ague-like paroxysms characterised by chill, sweating and fever, after which the jaundice usually becomes more intense.

3. At the time of the paroxysm pains in the region of the liver with epigastric disturbance.

In the present case, with the exception of a few days in December, there was a total absence of any pain which bore the slightest resemblance to an attack of "hepatic colic." And it should be remembered that this pain occurred six months before the passing of the concretions from the intestines, that in the interval the "ague-like paroxysms" persisted, and that even the last more severe rigor nine days before the passage of the first of these concretions was not followed either by marked increase in the jaundice, or by any paroxysm of pain.

No. 2.—ANGINA, OR ANGINIFORM SPASM.

20th January, 1894.—Mr. H. S., aged 56, engaged in business, consulted me complaining of pain in the precordial region, accompanied by breathlessness on any, even slight exertion. He first noticed that anything

* *Op. cit.* p. 519.

† On Gall-stones and their treatment, p. 84.

was wrong with his breathing about twelve months ago, since which time he has got gradually worse. Any effort at hurry, *e.g.*, to catch the morning train into Leeds, brings him up short with tightness across the chest, stopping his breath; and the uphill walk from the railway station to his own house produces great exhaustion. His complexion is dusky and expression anxious, but he says he feels quite well in all other respects, and when quiet quite as well able to manage his business as ever he was. The attacks of pain occur only during exertion, and have apparently no connection with the stomach; his appetite is good, and all the functions connected with digestion are naturally performed. Examination of the heart yields no evidence of valvular or other organic disease, the only noticeable variation from the normal being that the first sound differs very little if at all in character from the second.

Advised to take a prolonged rest from business, he said this was unattainable at the present, but promised to drive to and from his work, to avoid hurry, exertion or excitement. To take internally arsenicum 3x and digitalis 1.

27th January.—No improvement; medicine changed to glonoin 3x and nux mosch. 1. 3rd February.—Much the same report. R. Liq. arsenicalis Fowleri mj. pro dosi. 5th February.—No improvement having followed last medicine R. digitalis ϕ mij night and morning, and arsen. strych., one of the dosimetric granules after the mid-day meal. But as the patient seemed restive under the restrictions as to exercise, &c., laid down, I requested him to see one of the leading consultants in this city, and if his opinion and advice coincided with mine, then to act upon it. After their interview on the 6th, I received from the consultant a letter, in which he characterised the symptoms as 'essentially those of periodic cardiac failure under exertion, with anginiform pain.' Noticing the comparative feebleness of the first sound of his heart, he says: 'This symptom is, I think, of importance as indicating rather serious weakness of the cardiac muscle, which I have no doubt is the structure at fault. I should fear that he is the subject of a moderate amount of senile change in the muscle, possibly fatty.' Recommending rest and freedom from excitement, he approved of the remedies which were being given, and I accordingly continued them.

As our advice in the matter of regimen was the same, the patient went the next day to Harrogate, where at the end of ten days I visited him. The rest and freedom from business cares had certainly done him good, and he was able to take a little gentle walking exercise every day on the level; any attempt at active exertion brought on all the old symptoms. It was evident that the treatment pursued was not having the desired effect, and that some change must be made. Thinking the matter over on my way home, and desiring to find a more truly homœopathic remedy, there flashed across my mind the recollection of a page in Dr. Bayes' *Applied Homœopathy* in which I seemed to see angina pectoris and cuprum aceticum brought into correlation. My copy of this work being out on loan, I could not, however, refer to it, and reference to the *Cyclopædia of Drug Pathogenesis* gave little help. Nor does Dr. Hughes either in his *Pharmaco-dynamics* or *Therapeutics* do more than refer to Dr. Bayes' suggestion and endorse it by his own experience. At all events I felt encouraged to try this remedy, knowing that Dr. Bayes' observations were the outcome of personal experience, and on February 16th Mr. S. began to take it in the 8x dilution. From this time he steadily improved. During the next two months I saw him four times; he attended occasionally at his place of business, and took a house at Harrogate for a permanent residence. His progress was so satisfactory that on May 2nd he discontinued his attendance, and since then I have only met him casually in the streets or in trains, actively going about his business.

15th August, 1896. Called to-day to interview the patient, and find him at his place of business, which he attends regularly. He is quite well so long as he takes it easy, but hurry does not suit him. He can walk with much more ease and freedom, go upstairs and uphill without bringing on the breathlessness; and he tells me that the walk to his place of worship, which when he first went to Harrogate occupied him an hour, with frequent rests, and exhausted him considerably, is now accomplished with ease in 25 minutes without any rest. Examination of the heart shows that though not strong, the sounds have resumed their normal relative force.

This case may certainly be claimed as a bit of pure homœopathy; the relation of cuprum acet. to cardiac spasm is not very clear, but Allen notes 'spasmodic constriction in the chest, increasing the already great anxiety,' among the symptoms produced in persons poisoned by copper. And if the cramps of copper are due to direct action on the muscles as well as to action through the nerve centres, it would be specially homœopathic to a case in which the muscular substance of the heart seemed the structure principally affected.

No. 3.—FRACTURE OF NECK OF FEMUR.

Some years ago it was my privilege to communicate to the members of the Northern Homœopathic Association a case, afterwards published in this journal,* of fracture of the neck of the femur, the result of direct violence, occurring in a young lady, aged 19, in which the use of symphytum materially assisted the process of re-union. I have now the pleasure of supplementing it by another case resembling it in many of its details, but occurring in a person at the other extreme of life.

Mrs. O., aged 78, the widow of a coachman, was found about 5 o'clock in the afternoon on 7th January, 1896, lying in a half dazed condition at the foot of a flight of stone steps leading to a cellar, vainly endeavouring to rise. Those who lifted her up found that she could not stand, and carried her into her cottage adjoining the house and stable where her husband had formerly been employed, and in which she still resided. On my arrival, I found her laid on a sofa, in no pain, with no symptoms indicating that any mischief had been done, save that she was unable to rise. I therefore had her carried upstairs, undressed and put to bed, when the shortening and eversion of the limb, the displacement upwards and backwards of the trochanter, and the pain attending any attempt at rotation or flexion, gave sure evidence that fracture of the neck of the femur, the frequent result of such falls in persons advanced in years, had taken place.

I made no attempt then or later to elicit *crepitus*, partly because of the pain caused by any attempt at extension of the limb or movement of rotation, and partly because from one cause or another this diagnostic sign is frequently absent in this particular fracture.

* *Monthly Homœopathic Review*, June, 1872.

She gave the following account of the accident : It had been her 'washing day' down in the cellar, and when bringing up a basket of clothes, she had turned dizzy and fallen, she does not exactly know how. She attempted to rise but failed, and in falling the second time, thinks she struck her head against the stone supports of the doorway. No bruise on the head is, however, visible. Still struggling to rise, she became dazed, partly no doubt from her agitation and her fruitless struggles, partly from the shock of the accident, partly from the blow on her head, and how long she lay before she was discovered she cannot say. I made no attempt at reducing the fracture, but packed the limb with pillows to render it as immobile as possible, and gave her belladonna and arnica internally to mitigate the effects of the shock. After a restless night she seemed more confused, a trained nurse was obtained to attend upon her, and the pillows used as packing were replaced by heavy sand bags. Next morning the nurse reported a very restless night, with some delirium and rambling talk, the temperature had risen to 101°, and the fæces and urine were passed if not involuntarily, at any rate without any effort at retention or request for help. Under these circumstances one of the Infirmary surgeons was asked, as a matter of friendship, to see the case, which he very kindly did, confirming the diagnosis, and agreeing that under the circumstances it would be unwise to make any attempt at reducing the fracture. Moreover, he expressed an even more unfavourable opinion than I myself entertained, not only as to the prospect of any ultimate restoration even to partial usefulness, but also as to the patient's recovery from the immediate effects of the accident, and offered to secure her reception into the Infirmary. This offer, kind though it was, was put aside by the family, as after forty-seven years of faithful service rendered to them by herself and her husband, they felt unable to send her away, and decided that if her life was to be shortened its remnant should be spent in the place where, and among the people with whom she had lived so long. She was therefore left under my care with the aid of a trained nurse. Next day there were slight signs of improvement in the general condition, and I therefore determined to keep the leg at perfect

rest, both with a view to the patient's comfort, and to give the bone any chance of repair it might have. With the nurse's help I applied a Liston's long splint, and endeavoured to correct the eversion of the foot by means of the sand bags, but made no attempt at extension. A small sore found at the lower portion of the buttock on its inner margin, was painted with oil of hypericum, and rapidly healed. Incidentally it may be mentioned that during the next few weeks this oil was freely used, and proved advantageous not only in preventing bed-sores, but in giving relief to the aching consequent upon the long and necessary maintenance of one position. Internally symphytum 1, a drop thrice daily, was given throughout the treatment, with such intercurrent medicines as from time to time seemed to be required by the general condition.

It is needless to follow the case in detail from day to day; it will suffice to state that the splint was kept on for six weeks to the day, another week was passed in bed without the splint, passive motion of the knee and ankle joints being duly made; the patient was then allowed to sit up, and gradually to walk a few steps. At the end of ten weeks she was able to walk downstairs, and on the 4th of April, within three months from the date of the accident, she was able to walk not only from the cottage into the house (not many yards, it is true) but up two flights of stairs (24 steps in all) to see the body of her mistress, to whom she was warmly attached, who had died early that morning. Now (July) she can sit, stand, walk and kneel with comfort; is able to take some share in her own housework and cooking; and though the injured limb is two inches shorter than its fellow, she not only moves freely about the premises, but takes walks along the streets, goes shopping and to Church, disdaining the support of a stick.

That bony union has here been secured is evident; that it rarely is secured in fractures of the neck of the femur, especially in old persons, is notorious; and its existence leads to the belief that the fracture must have been extra-capsular, a belief supported by the great shortening of the limb.* And if this were its position

* Smith *On Fractures* says, in intra-capsular fracture the shortening is from half to three quarters of an inch; in extra-capsular it may be as much as one-and-a-half to two inches.

it was so much the more favourable to bony union, and warranted the application of the splint, and the endeavour to second nature's efforts by securing repose to the limb. The effect of not disturbing the fracture, or separating the impacted fragments by any attempt to elicit *crepitus*, should also be taken into account as a distinct addition to the amount of rest given to the injured limb.

But if the patient was thus fortunate in the position and character of the fracture, the excellent result cannot in fairness be attributed to that circumstance alone; some credit must be given to the *symphytum*. It had formerly a reputation as a vulnerary among the people; and I may perhaps be allowed to repeat here what I have already said elsewhere, that my father some years ago saw it growing in a garden adjacent to large iron works in this neighbourhood, and was told that it was in great request among the workpeople whenever any bones were broken, a not uncommon accident, and it was added that they asked for it under the name of 'knit-bone.' The foreign names for this plant—*e.g.*, German Bein-well, Italian *Consolida*—point to the same action and use; and though I can hardly claim that it is a homœopathic remedy in that its therapeutic action corresponds with its physiological (for no one can expect a proving to go the length of a broken bone!) I do claim that it is a remedy possessing a singular influence on the deposit of osseous—or rather ossific—material. I endeavoured to obtain a radiograph of the bone after healing, but only a blurred mass was observable about the neck, though the shaft of the femur was fairly well traced. The operator remarked that the tendons must be greatly ossified in consequence of age. I am more inclined to put it down to what Mr. Holthouse called 'the exuberance of ossific deposit' which characterises the union of these fractures (see Holmes' *System of Surgery*, vol. iv., p. 602), and which may even have been increased by the *symphytum*.

I wish further to direct attention to the oil of *hypericum* as an external remedy. I have never met with any application at all to equal it in healing bed-sores. Even in very bad cases I have seen them heal under its use; and this case does not stand alone in my experience as an evidence of its value in relieving the

aching of the bones resulting from long confinement to bed, an aching which is often an added weariness to those who are nearing the close of their earthly existence.

Leeds, September, 1896.

SOME EXPERIENCES WITH PURULENT
COLLECTIONS IN THE THORAX.*

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IN these days, when the interviewer is such a force in the land, I might aptly adopt a title from his methods and term my essay "Abscesses I have met," or "How I found Pus;" for my remarks will consist chiefly of references to cases of large abscesses which have come under my own care: though, in order to limit the extent in review, I shall refer to those only which have implicated the thoracic cavity, and will found thereon a few conclusions as to the diagnosis and treatment of such conditions.

I do not label my paper with the short and convenient title "Empyema," as the cases to which I shall refer include one of pulmonary abscess, one of pulmonary gangrene, and one of suppurating hydatid. I group them together because the treatment of a thoracic abscess is the same whatever be the origin thereof.

By the kindness of colleagues, and through the position I have the honour to hold in relation to the Liverpool Hahnemann Hospital, I have had to do with a fair number of such cases, and, with the exception of two, which were quite hopeless, all have made satisfactory recoveries.

Putting on one side, for the present, phthisis pulmonalis and bronchiectasis, the most common form of purulent collection in the thorax is empyema, or pus in the pleural cavity. Of empyema I have records of ten cases. During the time I was an out-patient medical officer of the Liverpool Homœopathic Dispensaries, before we had a hospital, three cases of empyema came under my care, two in young children and one in an

* Presented to the International Homœopathic Medical Congress, August 8, 1896.

infant. Each recovered completely after aspiration. One child required only a single aspiration ; the other had double empyema, and several aspirations were necessary: for the baby, I used an ordinary large-sized hypodermic needle, unscrewing the barrel from the needle several times, and so removing a fair amount of purulent fluid. In the Hahnemann Hospital I have treated four cases. In a child of five years of age recovery took place after aspiration; in two children, one three, the other seven years old, an incision and drainage-tube insured recovery; while in a delicate boy of sixteen years of age, with extreme emaciation and dyspnoea, thirty-four ounces of pus were removed by aspiration, and nine days later two inches of a rib were resected, several pints of pus escaping at the time: in this case recovery was tedious and accompanied by relapses, but eventually occurred. Three further cases of empyema have come under my observation. In one woman a canula with india-rubber tube attached was inserted; drainage was free, but the pyogenic cavity did not close: she was unwilling for any further operative proceeding, and indeed the condition of her heart scarcely permitted of such. For over three years she lay in bed or on a couch, or sat in a chair, with the canula in her chest, and the end of the tube dipping into a bottle containing antiseptic solution. A considerable quantity of pus drained away each day. Various valve methods were tried with the tube, but the lung was evidently too damaged to expand, and the chest wall too rigid to collapse. Eventually, no doubt, the drain helped to relieve her, but not for a remarkably long period.

In a recent severe case of empyema in a delicate boy of twelve, under the care of Dr. Hawkes, of Liverpool, a free incision into the pleura let out a large quantity of watery pus, and sufficed, with the help of a drainage-tube, to ensure complete recovery. An aspiration had been previously performed. The only fatal case was one which had been much neglected. It was a woman of forty-one years of age, who had evidently had an empyema of the left side for some months before I saw her, with increasing debility and dyspnoea. Resection of two inches of a rib was done, and ten pints, that is a good-sized bucketful, of watery foetid pus escaped. A

large tube was inserted, and after frequent washing out with boracic lotion the discharge became sweet, the breathing and general condition improved, while the temperature came down, and sleep and appetite returned. However, in a few days these symptoms again deteriorated, while cough and glairy expectoration with cardiac symptoms appeared. Death occurred in a fortnight, apparently from pericarditis, for at the autopsy the pleural cavity was sweet and well drained, while there were evident signs of both old and recent pericarditis, and there was an ounce of clear fluid in the pericardial sac.

Besides these ten cases of empyema, I have notes of a fatal case of pulmonary abscess resembling, and at first supposed to be, empyema. A woman of fifty-two years of age, weak and emaciated, was admitted to the Hahnemann Hospital with symptoms and physical signs suggesting empyema. An incision was made into the right pleura; some ounces of serum escaped, but no pus. An aspirator needle passed into the lung evacuated a couple of drachms of pus, but the patient was considered too ill for an incision into the lung. A month later the patient died, and at the autopsy both lobes of the right lung were found to be practically destroyed; grey hepatisations were universal, and the lower lobe consisted chiefly of a large abscess. The pleura was adherent everywhere, especially behind, and could not be separated from the diaphragm.

A case to which I will just allude as related to our subject, and as interesting from a diagnostic point of view, is that of a young man in whom there were sinuses, discharging large quantities of foetid pus, near the lower border of the sternum. On examination a long probe passed straight back to the spine, where a large piece of bare carious bone could be felt—apparently the bodies of a couple of vertebræ.

An interesting case of suppurating hydatid of the pleura is deserving of record; simple empyema was diagnosed until the appearance of the hydatid membrane. The boy, aged fourteen, complained of pain in the right side with shortness of breath, but no cough or expectoration. On the front of the right side of the chest there was absolute dulness from the lower border of the fourth rib down to four fingers' breadth below the

lower true ribs, and extending back through the axilla to the spine; the upper line of this dulness altered somewhat with position, and reached, when the patient was sitting up, to the lower angle of the scapula. The dull region was somewhat tender, and over it the breath-sounds and vocal resonances were absent; there was marked bulging. Several aspirations were made, some ounces of brownish purulent fluid being removed each time, but the canula became choked repeatedly with rolls of white opaque hydatid membrane. Eventually, one morning the patient suddenly commenced coughing, and expectorated about half a pint of pus; so a free incision was made in the posterior axillary line and a large cavity opened, from which a pint of pus escaped, and large rolled-up sheets of membrane were removed; these had evidently lined the cavity, and consisted of thick, transparent, light brown structureless tissue. A large drainage tube was inserted and the cavity repeatedly washed out with carbolic lotion. The boy did well and recovered completely, though the discharge and retained membrane became foetid, and the drainage wound had to be enlarged somewhat.

I have detailed notes of the thirteen cases previously alluded to, but I do not reproduce them here, because I intend to record more fully the remaining case on my list, which will serve to illustrate the management of such cases at my hands, and to instance an uncommon recovery from a serious state of affairs. A patient will occasionally get well from such an apparently hopeless condition, that the event impresses itself upon the notice and remembrance of those who see the case. Of such is the following:—

Case of foetid empyema; gangrene of portion of a lung; recovery.—George Winstanley, aged 58, a sailor, was in good health up to January 20th, 1895. On the afternoon of that day he felt a sudden sharp severe pain in the right side, extending from under the arm round to the back; this continued, and the next day he was obliged to stay in bed. He had no cough, had received no injury, and knew of no cause whatever for the attack. He was standing talking quietly to a friend when the pain commenced. He was attended by a doctor, who only made a few visits, and, strangely enough, diagnosed typhoid fever; but the pain becoming no better, and

dyspnoea becoming marked, Dr. Gordon of Liverpool was called in. He diagnosed a large collection of fluid in the chest, and advised immediate removal to hospital, where the man was admitted in the afternoon of February 18th. On admission his condition was urgent, the dyspnoea was extreme, and the patient was so prostrate, with face dusky and bathed in cold perspiration, that alcohol had to be administered before he was fit to be moved upstairs and put to bed.

Temperature on admission 99.4° F.

The right side of the thorax was bulged, immoveable, and dull almost up to the apex; there was neither vocal resonance nor breath-sounds on the right side, except over the upper third of the lung. Left side normal. There was very little cough, the breath rather offensive. Pulse 80, small, soft, feeble. The patient was so bad that an anæsthetic or much interference was not immediately advisable; an aspirator needle was therefore inserted low down in the posterior axillary line, and 118 ozs. (nearly six pints) of most horribly foetid and watery greenish pus were removed. The patient stood the proceeding well, much better than did the other occupants of the ward. Although the fluid was exposed as little as possible, the terrible stench so filled the large ward that the windows had to be all opened, and even then the nurses and some of the patients had to leave or they would have been sick. For hours the odour lingered about the hospital. The patient had a fair night, and the breathing was relieved. His cough brought up quantities of grey and green pus and muco-pus having the same extremely offensive smell as that removed by aspiration. He expectorated into a solution of carbolic acid, and had frequent inhalations of creasote; but still it was found necessary to remove him to an isolation ward, and to make free use of deodorants. It was therefore evident that the foetid cavity communicated with, if it was not in, the lung.

The patient's improved condition rendered more radical measures possible. The fluid was apparently increasing again, so on February 21st (three days after the aspiration) chloroform was administered, an incision made in the eighth interspace, a hand's breadth from the spines of the vertebræ, and a large drainage tube inserted. More than two pints of very offensive pus was

let out. On inserting the finger into the incision it came immediately upon the arched diaphragm, the surface of which was irregular. In no other direction could the sides of the large cavity be reached by the finger.

Large quantities of purulent fluid escaped at each dressing; the cavity was frequently washed out with boracic acid, carbolic acid, iodine, Condy and other disinfectants, without curing the foetor; an emulsion of iodoform in glycerine and water was injected for a while with benefit, but the patient disliked the taste, which he perceived in the mouth, so a solution of izal was used, and proved the most satisfactory of those tried. The breathing gradually became more easy, and the expectoration much less, but the cough became rather more constant and distressing. The day after the incision the temperature dropped from 102.4° to the normal, but in a few days it rose again; the appetite was good, the general condition improving. On March 5th the temperature became normal, and for some weeks, up to March 29th, it varied but little from the normal. The discharge and expectoration lessened, and the cough improved. The chief medicines prescribed were carbolic acid, crotalus, lachesis, silicea, hepar sulph., arsenic and arsen. iod. There was no sign of cardiac disease, and no albumen or sugar in the urine.

The drainage wound at the back of the chest was kept well dilated for drainage purposes, and on March 28th, while the cavity was being washed out, a dark-coloured object presented at the wound from which the drainage-tube had been temporarily removed; this was carefully persuaded out with forceps, and proved to be a greyish-black spongy slough of the size and shape of a hand, with the thumb rolled in on the palm. This slough was so horribly offensive that, after examining it, the house surgeon burned it, instead of saving it for my inspection. I regret this, but the house surgeon (Dr. P. D. Smith) had no doubt but that the mass consisted of macerated gangrenous lung. After the appearance of this slough the foetor of the discharge and of the breath ceased, and the cough and expectoration diminished. It soon became evident, however, that the patient was losing ground. The temperatures and the general appearance became hectic, cough troublesome, discharge profuse; while rigors, followed by copious sweatings, became common.

The increase in flesh and the general improvement which had followed the incision were lost, and the patient's condition again became serious. The man himself and his relatives were anxious for something further, if possible, to be done; so, with the object of rendering the obliteration of the large suppurating cavity possible, on April 4th about three inches of both the fifth and sixth ribs were removed from the mid-axillary line forwards, through one incision made parallel to them. After the removal of the bone the incision was carried down into the abscess cavity; some adhesions, which divided the cavity into sacs, were broken down by the finger; the cavity was thoroughly washed out, and a large-sized drainage tube was passed in at the anterior incision and out of the drainage wound at the back. This was left undisturbed for some days, and then was gradually drawn out at the posterior wound and shortened every few days, when the anterior opening soon closed. After a few days of marked pyrexia general improvement commenced. On May 11th the patient left hospital, as the building was undergoing cleaning and painting; he still had discharge from the back wound and some cough. A district nurse attended to the local treatment, and in six weeks the wound closed.

When seen by me in August last he looked and felt well; he had put on flesh and got out for a walk each fine day. The side had somewhat fallen in, and muffled breath-sounds could be heard nearly down to the usual level, while there was but little dulness to percussion.

On October 10th I examined him again, and found him considerably stouter. No cough, dyspnoea, or pain. He is attending to light duties, and, but for a return of an ulcer on the leg, he would apply for employment on board ship, for which he feels fit, and which he hopes soon to obtain. There is no reproduction of bone where the portions of rib were removed; breath-sounds are distinct over this flattened region and down to the scar of the drainage wound at the back, though both these and the percussion note are much less clear over the lower third of the right side than over the rest of the thorax.

The ætiology of this case seems very obscure. I attach no importance to the perfunctory diagnosis of typhoid fever. Careful enquiry into the patient's past

life reveals little of importance. Nearly twenty years ago he was dangerously ill with scurvy, and about seven years ago he had a severe blow on the right side. For a long time before the recent attack he was troubled with a large indolent ulcer of the left leg, but with no markedly varicose veins. Some seven months before the attack he was in hospital at Halifax, Nova Scotia, for a few days, during which he had general oedema; he says the house surgeon there told him that he had blood-poisoning from his ulcer. There is a large scar in the front of the left leg, where this ulcer has existed; the sore itself healed completely during the early days of his illness, but a small one about the size of a half-crown, appeared as soon as he was getting freely about again. He has never had pneumonia or been subject to cough. I can only surmise that the chest condition may possibly have been induced by some embolism or thrombus derived from the ulcer on the leg.

Empyema being the most common form of large abscess in the thoracic cavity, it becomes of importance to consider the causes of this affection, especially from prophylactic and diagnostic points of view. The more common causes are—(1) pleurisy, especially when this occurs in children, in debilitated constitutions, in connection with phthisis, or as a sequela of one of the specific fevers, or of childbirth; (2) by extension of inflammation from a pneumonia, this form of pleuropneumonia being especially common in children; (3) from the bursting from other regions into the pleural cavity of pus derived from mediastinal or spinal abscesses, hepatic abscesses, or pulmonary abscesses; (4) injury to the thorax.

The development of empyema from a pleurisy or pneumonia is often very insidious, and I venture to plead for the more frequent, but of course aseptic, use of aspirator needles or small exploring syringes.

Besides empyema we may have large thoracic abscesses from bone disease (dorsal or post-pharyngeal), suppurating hydatids of the lung or pleura, pulmonary abscess from pneumonia, gangrene, injury or phthisis, suppurating lymphatic glands, and so forth. Of most of these I have instanced cases, and the treatment is practically the same in all. The chief scope for therapeutics in these cases is in the treatment of the

causative disease, and in the prevention of suppuration, for as soon as a fair sized abscess has formed, the administration of any drug whatever is quite secondary to the prompt evacuation of the pus. As soon as the diagnosis of a collection of pus in the thorax has been decided, some surgical measure is probably called for, and the operations are generally simple, safe, successful, and quite within the powers of a general practitioner.

I exclude tubercular phthisis from the above reflection and from our present consideration. As soon as the diagnosis is made that a thoracic abscess is tubercular—and here bacillary examination of the fluid removed or expectorated will aid the more general consideration of the case—it seems agreed, at present, that surgical measures are useless and even harmful. Unfortunately a considerable proportion of cases own such an origin. I look forward to the day when phthisical thoracic abscesses, even when tubercular, may be treated successfully by combined general and local measures, elaborated for us by further progress in therapeutics, bacteriology and surgery. I believe we are within sight of beneficial operative methods for pyogenic cavities in the lungs in extreme cases of bronchiectasis, and in such phthisical cavities as are not acute or tubercular.

I need not instance the application of our therapeutic rule in the prevention of purulent degeneration in cases liable thereto. Especially valuable is it in guiding pleurisy to a more desirable result than empyema, by means of acon., verat. vir., bryonia, belladonna, arsenic, apis, cantharis and sulphur. In pneumonia, too, the hepatisation process may be limited and resolved by the help of phosphorus, iodine and hepar sulph. Even with such powerful assistance, however, I am in favour of early and even repeated aspiration of pleuritic fluid where the effusion is extreme in amount or indolent of absorption. I have seen nothing but good from prompt, careful and aseptic aspiration. In collections of fluid in the pleura the pressure thereof causes pulmonary collapse; and if long continued the changes in the compressed lung, aided by the thickened adherent pleura, may prevent re-expansion. Where the fluid is pus, especially if this be septic, the pressure effects are aided by those of irritation and fibrinous deposit.

Even if, by the use of our remedies, the absorption of

the purulent fluid were possible, such is not "a consummation devoutly to be wished." By absorption, general or local ill-health is sure to be produced, and valuable time lost: such is neither so speedy nor so safe as the prompt removal of what is not the disease itself, but the excretion thereof,—the dead detritus which Nature herself freely throws out from an inflamed mucous membrane, but only imperfectly and secondarily from an inflamed serous membrane, the handicapped victim of its anatomy in lining a sealed cavity. Modern surgical methods enable us to offer with impunity to these closed bags the boon of an external exit, to which their mucous relatives are born.

Both before and after the necessary operation there is scope for homœopathic therapeutics. *Mercurius* is reported to be of value in preventing the change of pleuritic serum into pus, and *hepar* and *silicea* have well-accredited power in purulent inflammations.

I generally order *hepar sulph.* as soon as I suspect pus; *arnica* for a few hours after operation; then *hepar sulph.* as long as suppuration is profuse, and *silicea* when it begins to diminish in amount and in density. For the debility, cachexia, and hectic, *china* is of use, as are *arsenic* and its iodide. It is important not to keep the patient too long in bed or in the house. If otherwise doing well he may go out on fine days, even before the wound is healed or the tube removed. Good food, fresh air, lung and chest gymnastics, cod-liver oil and hypophosphites all assist convalescence.

Aspiration, although successful in several of my cases of simple empyema in young children, is not generally sufficient for cure. For diagnostic purposes it is valuable, and also a few days preliminary to incision where a large quantity of fluid is present. As a rule an early free incision into the abscess is the safest and speediest measure. The waiting for something to turn up, the delay in order to give drugs a chance, is lamentable after a purulent collection in the thorax has been detected; for meanwhile the lung is being longer if not more compressed, and both it and the pleura are becoming less in a condition to expand when finally this pressure is relieved. Anæsthesia is not always necessary or advisable; in many cases cocaine will suffice; where general anæsthesia is decided upon, I believe chloro-

form to be the best in these cases. In empyema I prefer an incision lower and further back than is usually performed, namely, in the eighth or ninth interspace, and rather behind than in front of the posterior axillary line. Drainage here is dependent both when lying or sitting up. I have not seen trouble from hæmorrhage, nor from the loss of pressure due to the evacuation of the fluid. I believe that the free entrance of air to replace the fluid is not harmful, and that where the collection has been a large one the air should be freely admitted; by this means dyspnoea and distress are diminished, and less risk run to the lung. Wherever there is difficulty in making a sufficient opening to examine the cavity or to introduce a proper sized drainage-tube I should remove a sufficient portion of a rib, generally the ninth; if the periosteum be left the bone is rapidly reproduced. It has been proposed to trephine a rib and pass the drainage-tube through the hole; I see no advantage in this over the removal of a piece of rib. It is only exceptionally necessary to make a counter-opening. The drainage-tube should be of sufficient calibre to allow of free exit even for flakes of lymph: I prefer one of red rubber; no hole should be cut in it, or only one near its deeper end. The outer end may be stitched to the centre of a small perforated rubber pad, or pierced with a large safety pin; it must be secured in some way. Through the carelessness of a nurse a tube slipped into the pleural cavity of one of my cases; I was fortunately aware of the fact, and able to regain it. The length of tube required and the rate at which it may be shortened of course vary with each case, as does the time such tube will be necessary.

Washing out the pleural cavity with disinfectants should never be done at the time of operation, and only at other times when there is foetor or pyrexia. I have never myself seen harm from early and frequent washing, but cases of collapse and sudden death following the proceeding have been recorded. When flushing is required the funnel and syphon method is the best.

Cleanliness and antiseptic dressings are essentials. It is surprising how little fever or constitutional disturbance a large cavity will cause so long as there is free drainage and cleanliness. Theoretically the arrangement of a valve of some kind in connection with the

drainage-tube is desirable, by which, while air and fluid readily escape, neither can be drawn back during inspiration. I generally try to arrange such, but I have not seen any bad result from the free admission of air into the abscess cavity, and I am accustomed to hear with indifference air blowing in and out of the incision during the operation and the dressings. As long as air can get more readily into the thorax by the trachea than through the wound the act of respiration tends to expand the compressed lung; and, except during the change of dressings, it is not easy for air to be admitted by the wound, to which a piece of protective tissue or the dressing pad itself forms a kind of valve. All the same, I am in favour of the adoption of expedients to facilitate the attempt at a vacuum in the thoracic cavity, by which re-expansion of the lung is facilitated.

The fact that an empyema had opened into the lung or into a bronchus would not lead me to postpone operation a moment. Such drainage is as satisfactory as a tap inserted near the top of a cask, while the passage of purulent and decomposed materials into other portions of both lungs is extremely liable to set up a septic pneumonia and general systemic infection. Even if the secretion from the cavity be expectorated and the cavity closed, it is at a risk of septicæmia, hectic, and of lardaceous degenerations.

Where the abscess cavity is a large one with dense resisting walls, and where the lungs or other organs do not readily obliterate it after drainage has been established, portions of such ribs should be removed as are necessary to permit the outer walls to collapse sufficiently to close the cavity.

It is important to notice that thoracic abscesses differ in some respects from those in the abdomen or pelvis, and that such differences may materially influence the treatment respectively called for. A collection of pus in the abdomen or pelvis is not exerting its pressure in a box of comparatively little expansibility as does one in the thoracic cavity; a large abscess, therefore, will in these regions not produce such disastrous effects, immediate and remote, as may be caused to the impressionable lungs and heart cooped up in the thorax with a large and growing guest, for which no "spare room" is provided. We see in the pregnant woman

how the abdomen can provide extra accommodation without unduly inconveniencing the previous tenants. Again, with regard to abdominal collections, as soon as drainage is secured there is little hindrance to the obliteration of the cavity ; atmospheric pressure, muscular pressure, and the weight of neighbouring organs assist, while fair rest of the parts can be obtained. In the thorax, however, occupied by such busy and restless organs as the lungs and heart, another state of affairs exists ; here we have a cage with, except in the young child, fairly rigid walls : should the presence of the fluid have so damaged the expansile power of the lung as to prevent it expanding to fill the cavity, there is nothing but fluid or air to take the place until the chest walls are tediously dragged in by the contraction of adhesions or assisted thereto by the removal of part of the bony framework.

Further, an abscess opening spontaneously into the bladder, vagina or bowel has gravity to assist its drainage, whereas an abscess opening into the lung is at a mechanical disadvantage ; its evacuation depends on cough alone, and so is ineffectual and likely to flood with purulent materials further portions of the lung.

Still further, an abscess cavity communicating with the lung is unfavourably circumstanced for asepticism ; it rapidly becomes foetid, and the septic materials lying in the delicate bronchi and pulmonary infundibula are favourably placed for absorption. On the other hand, an abscess opening into an abdominal cavity may keep sweet to the end. I do not instance these differences to suggest that abdominal or pelvic abscess should not, like thoracic abscess, be treated by an external opening ; on the contrary, it should, for a rupture into the peritoneum is even more dangerous than one into the pleura or lung. The practical point is that an abscess opening into the bowel, bladder, genital tract or externally may with less danger and more promise be left to spontaneous cure than may one emptying through the lung. I have known the pus from pelvic cellulitis to discharge by vagina or rectum with rapid and favourable recovery.

I have quite recently had under treatment a case which illustrates the differences alluded to above in an interesting manner. I will refer to it, as it is closely

related to the cases we are considering, in that there was a large purulent collection in the thoracic cavity. The case was one of an enormous suppurating hydatid of the liver in a man forty-one years of age. The mother cyst having become purulent, the resulting abscess spread both upwards and downwards. Three weeks before he came under my care he suddenly commenced expectorating large quantities of pus; there had been no previous cough, and the matter was rather hawked than coughed up. There was a large, firm, elastic tumour, starting from the hepatic region and extending down several inches below the umbilicus. By means of a free incision near the umbilicus I evacuated over four pints of pus and enough various-sized hydatid cysts to more than fill a quart measure. The large abdominal abscess cavity rapidly closed, despite painstaking efforts to keep it open. The purulent discharge by the trachea ceased for a few days after operation, and then recommenced in large quantities. Finding the back of the right lung perfectly dull up to above the lower angle of the scapula, with no respiratory movement and no breath-sounds or vocal resonance, I tested the pleural cavity with an aspirator needle, and, finding no pus therein, I concluded that the lower portion of the lung was flooded with pus, and that the abscess was still discharging into the lung. Under chloroform, therefore, I again opened up the abdominal sinus and passed an extra-sized rubber tube up to the diaphragm. Although on one or two days after this the man expectorated a pint or more of pus and muco-pus, and although the drainage tube was soon pushed out and the wound closed, this measure sufficed and the patient soon recovered completely, the right lung being relieved and resuming duty. Although the patient made good and complete recovery it was noticeable how difficult it was to keep the abdominal abscess open and to get the thoracic portion to close.

It would have been easy, gentlemen, to have brought before you a class of cases in which our scientific therapeutics could, unaided, have produced more satisfactory results than in those we have considered. That our medicines can, in a large proportion of such cases, prevent patients getting to the extremity to which

those I have quoted arrived, I firmly believe; and I am sure that they aid or secure a favourable issue to those in which surgical measures have been necessary. More brilliant triumphs of our therapeutic rule will be instanced to you by men "older in practice, abler than" myself.

To me it seems a duty occasionally to remind and urge upon my homœopathic brethren that there are cases where surgical and mechanical aids to treatment, even of idiopathic lesions, are required urgently, absolutely, and betimes.

In this country we have not yet lived down the impression that among homœopathic medical men there is an aversion to surgical and similar aids to treatment, and that we are not ourselves willing or able to employ them. We must prove, in our literature and by our actions, that we can and do employ everything that makes for restoration to health; that while we are markedly ahead of the general body of the profession in our knowledge of the action of drugs, and in the use we make of such knowledge, we also keep ourselves instructed and practised in all branches of a medical man's duties; in the *science* which embraces discoveries in bacteriology, hygiene, pharmacology, surgery, pathology, and medicine, and in the *art* which includes the application of these to the preservation of and the restoration to health, as well as in the skilled examination and treatment of the various specialised organs and functions of the human frame.

SANGUINARIA IN (?) INCIPIENT TUBERCULOSIS AND HÆMORRHOIDS.

By E. D. SHIRTLIFF, L.R.C.P. (Lond.), M.R.C.S. (Eng.)

SOME years ago a gentleman, a patient, told me he had cured himself and several of his friends of blind piles with sanguinaria. I do not know where he got the idea from.

A year or two after that I had some symptoms of commencing phthisis, namely some cough with expectoration, fever, temperature going up to 100° — $101\frac{1}{2}^{\circ}$ being highest in the early part of the afternoon—hoarseness,

debility, and later a moderate amount of hæmoptysis, the blood being bright and apparently quite pure blood, not mixed with anything. When I was recovering, if I ran fast, to catch a tram for instance, I had a strong taste of blood in my mouth, which was followed at first by hæmoptysis. Afterwards I had the taste of blood only. When I found this persisted I gave up running fast. As I was acquainted with Burt's therapeutics of tuberculosis, which quotes Dr. Holcomb's high recommendation of sang. combined with calc. c. in incipient tuberculosis, I decided to try this treatment. This was quite empirical, and the totality of my symptoms was not considered. I ought to say that for a long time previous to my illness I was in constant and close attendance upon a young man dying of consumption, and I frequently visited him upon an empty stomach. This patient died a short time before my illness began, and I quite put my illness down as being contracted from my patient through constantly inhaling the bacilli and not being in good condition at the time.

My lungs were examined by a colleague, who could not find anything abnormal.

Dr. Holcomb's prescription is calc. c. 200, a dose every morning before breakfast, and sanguinaria, 1st trit., a dose an hour or two after each meal.

In about three months I was well, and have remained well ever since. My illness was in 1893.

Dr. Holcomb says, as to this treatment, that it "has procured me more reputation and business than any other one prescription I have ever made. I prescribe it in a certain harassing cough without marked inflammatory action, when you are uncertain whether you are dealing with a chronic bronchitis or an incipient tuberculosis."

I have lately prescribed it in an undoubted case of pulmonary tuberculosis with physical signs of consolidation and some breaking down of the tuberculous formation, with the bacilli in the sputum, without any good effect. Hence, I conclude it is of special benefit in the very early stages, when no physical signs can be detected as positively indicating tuberculosis. I have described my case in some detail as being instructive, although I really introduced it as showing a connection between sanguinaria and hæmorrhoids in this way. After taking

the sang. for some time I was troubled with a soreness at the anus externally, which continued and increased; it was felt especially when drying myself after a bath, indeed that was how I first discovered it, and it became very sore indeed, just as if I had external piles. I could not detect any increase of the hæmorrhoidal swelling that had been there for years. Only this swelling was sore. After this soreness had existed some time I concluded it must be due to the sang., so I left it off. (I do not think I left off the calc. c. 200). The soreness then gradually disappeared. After it had completely gone I again commenced the sang., when the soreness returned just as before. I hence concluded, and I think justly, that this symptom was a pathogenetic effect of the sang. As far as I know this symptom has not hitherto been elicited from this drug, the only anal symptom in Allen's *Encyclopædia* being "sensation as of a thick mass in the anus, together with ineffectual desire for stool." These symptoms are the only subjective ones given as indicating sang. in Dr. W. J. Guernsey's therapeutics of hemorrhoids. As concomitants he gives sick headaches, neuralgia of face, dry cough, and rheumatic pain in the right shoulder, with special details under each of these.

Dr. Farrington says in his *Clinical Materia Medica* that sang. is indicated in phthisis florida, and especially when the fever comes on from two to four in the afternoon.

My next experience was the case of a young married lady, who applied to me for treatment for piles, chiefly blind, but occasionally with a little blood. There was great soreness externally. I prescribed sanguinaria with complete relief.

This lady's sister, unmarried and young, also had piles, and I prescribed sang., also with relief.

The history of this first case is interesting. This patient had been treated homœopathically from her birth. Aged about 23, her eyesight getting bad she consulted an old school oculist. Up to this time she had neither constipation nor piles. The oculist prescribed some medicine, of which she took four tablespoonful doses, and then she declined to take any more. From this well meant but hurtful treatment she had immediately very great constipation, followed by piles. She treated herself with the usual

routine nux and sulphur, without benefit. She thus went on some years, when she married, and about 12 months after consulted me with the above result. Behold, therefore, one of the many evils, minor but very real, of rational (!) medicine. A little more of this case brings out another point. This lady after the exhibition of sang. became pregnant, and the piles returned. Sang. this time gave only partial relief, collinsonia ditto, so sepia 30 was given, with radical cure of the constipation and hæmorrhoids. The cure was radical, because she has never had them since. Her next pregnancy was passed through without either.

This lady's sister also married. In her second pregnancy she had constipation and piles. In spite of her scepticism as to any good it could do, I prescribed sep. 30, one dose a week. She did not think so infrequent a dose could do any good, and was therefore very much astonished to find after two or three doses that her constipation and piles were giving way, to be followed by complete relief.

I can therefore highly recommend sepia for trial in the constipation of pregnancy, first brought to my notice by the warm praise accorded to it by an American "lady doctor." I always use the 30th potency, as I read somewhere that it ought never to be prescribed below this. I think sepia is a powerful drug.

Malvern.

June 18th, 1896.

CLINICAL NOTE ON DIPHTHERIA.

By T. E. PURDOM, M.D.

DR. DAY'S paper in this month's *Review* suggests that brief notes of the following case might be of some interest. I am very glad he has brought forward the importance of the bacteriological test in diphtheria. On somewhat similar lines I can testify to the value of having sputa examined for tubercle.

Let me remind Dr. D. in a friendly way that his is not the first case recorded in the *Review* of the anti-toxin treatment. If he will refer to the December number of 1895 he will find my first case recorded where

it was very successful. With this pardonable digression I will now record the following notes.

Mabel C., æt 7, was quite well April 11th.

April 12th. Sick twice, swelling of left cervical glands. Head held as if neck were stiff. The mother thought it was mumps.

April 13th. 11 a.m. Sick twice this morning. I found great enlargement of glands at angle of jaw on left side. These were very hard. Glands on right side slightly swollen, but not hard and tender. Considerable thin nasal discharge. Marked foetor oris. Tongue thickly coated, moist; tonsils much swollen and covered with irregular yellowish membrane. P. 120. T. 100.2°. Respiration noisy, but not laryngeal. Mouth kept open. Constant discharge from nose. Some salivation.

Diag.: Diphtheria, severe type.

Treatment: Poultices, liberal diet, steam from kettle. Bell. ϕ in $\frac{1}{2}$ every hour. Pineapple juice to be sipped frequently.

6 p.m. of same day. P. 130. 102°. Merc. cyanatus 2x gr. $\frac{1}{2}$ in mixture with some glycerine and water had been sent to follow the bellad. Also pure sulphur 3j. glycerini ad. 3j. a $\frac{1}{4}$ teaspoonful to be swallowed for local action at the alternate hour. Bellad. ϕ j. during night if restless.

April 14th. Last night very restless at first. Bellad. soothed and produced sleep. Says throat more painful, but feels better herself. Glands a shade less. Still hard and tender on left side. Tongue moist. P. 112, fairly strong. T. 99.7°. Still foetor oris. Tonsils large. Both partially covered with dirty yellow membrane, extending to palate and uvula. Nasal discharge still free. Some salivation.

Continue medicine, poultices, &c.

Decided not to use anti-toxin to-day as there was improvement in general state.

April 15th. Restless night, only short sleeps. Difficulty in getting food over. Bowels acted once. P. 128. T. 100.8°. Glands as hard. Tonsils as swollen. Membrane and foetor the same.

Injected into loose cellular tissue between scapula (right side) one tube of B. W. & Co.'s dry anti-diphtheritic serum, dissolved in sterilized water. Before doing this syringe and needle were boiled, skin washed, cleared

of fatty matter with ether and made aseptic with corrosive sublimate solution.

Continue other treatment, viz., merc. cyan 2x gr. $\frac{1}{2}$ and merc. bin. 2x grs. ii. alternate two hours. Steam directed to patient with tent over bed and containing disinfectant.

Urine free from albumen. P. 124.

4 p.m. T. 100.8°. Respiration noisy but not laryngeal. Mouth wide open. Nasal discharge. Glands and throat in *statu quo*.

No distinct effect yet from the anti-toxin. Continue medicine, &c.

9 p.m. P. 124. T. 101.2°. In *statu quo*.

April 16th. Restless night, only short sleeps; food a great difficulty, bowels acted once. P. 120. T. 99.4°. No laryngeal symptoms. Continue medicine. Spray every hour. As nasal discharge was still bad I syringed up nostrils a weak solution of Jeyes' soluble fluid. This produced a fit of sneezing which cleared the nose of a lot of thick discharge. Patient seems stronger. Sits up in spite of orders to the contrary. Did not repeat anti-toxin as pulse and temperature were better.

4 p.m. In *statu quo*. Syringed nose again with very good effect.

9 p.m. P. 111. T. 99.4°. Speaks and breathes better.

A large piece of membrane is separating from tonsils and palate. Takes food better. Glands softer. Voice clearer.

April 17th. P. 104. T. 99.8°. Respir. 20. Throat very much blocked with membrane, specially over palate and uvula. This is thick, well defined, and beginning to separate. Foetor and nasal discharge about the same.

9 p.m. Improvement all round. From this time the progress was steady and rapid. Tongue soon cleaned. Continue medicine and spray.

April 21st. Tongue clean. P. 96. T. 98.6° and 98.4°. Glands much less. Throat raw and deglutition painful. Membrane almost gone. No nasal discharge for some days.

April 27th. During apparent convalescence there was now a sudden recrudescence of the disease. The membrane began again to spread over left tonsil. Glands became large and tender. Fever returned. There were all the symptoms of renewed toxine poisoning. All this

soon yielded to merc. cyan. 2x gr. $\frac{1}{2}$ with spray of hydrarg. perchlor. 1-4000, to which was added some lactic acid as a solvent. The membrane disappeared very rapidly. Progress was now steady. Absence of knee jerk was the only paralytic symptom, and this continued for a considerable time.

Remarks.—The results of the anti-toxin injection were not very decided in this case. I give quite as much credit to the medicines and spray and steaming. The addition of lactic acid to the corrosive sublimate spray was a distinct improvement. This locally with the merc. cyan. internally offers a very successful line of treatment. There was not decided improvement till about 48 hours after the injection of anti-toxin.

I touched the membrane once or twice with k. ferr. perchlor. in glycerine, as it was slow in separating during the primary attack.

The nasal douche was of decided service.

The recrudescence of the disease during convalescence two weeks after the primary onset is interesting. Such cases have been observed before. I don't think the sulphur and glycerine locally was of any value; though sulphur is a popular remedy it is difficult to see how it can act unless by giving off sulphurous acid, which it would not do given in this way. However it is harmless; children swallow it, and it helps the action of the bowels.

Croydon, July, 1896.

ON ATROPIN, HYOSCYAMIN AND SOME GENERAL TOXICOLOGICAL REMARKS.*

By L. H. FRIEDBURG, PH. D.

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Aetiology.

THE two alkaloids atropin and hyoscyamin possess the same formula $C_{11}H_{23}NO_3$ and behave chemically very similar, they even may be transformed into each other in the living plant as well as during the time the plant is worked up in the chemical laboratory. Also physiologically they are so similar in action that it is impossible to tell the difference in regard to this upon animals. Atropin is found in almost all parts of two

plants: *atropa belladonna* (nigra and lutea) and *datura stramonium*. Both belong to the family of *solanaceæ*. Both contain, besides atropin, other bases. Hyoscyamin is found in the identical two plants and also in the following: *Hyoscyamus nigra*, *Duboisia myoporoides*, *Scopolia atropoides*, *Anisodus luridus* all from the family of *solanaceæ*, and also the *Lactuca sativa* (Lettuce) and *Lactuca virosa*.

In lettuce it is merely contained in minimal traces and has never yet, from this source, caused intoxication. There has been a good deal of controversy going on in regard to the occurrence of atropin in belladonna, it has even been said that, contrary to older assumptions, the root of this plant only contains hyoscyamin. The following are the results of re-examination of this question:

1st. The younger, wild growing roots of belladonna contain pre-existing only hyoscyamin, the older ones along with this also atropin, but only in a very minimal quantity. The same observation has been made with the older roots of cultivated plants.

2nd. The ripe berries of the cultivated plants of *atropa belladonna niger* contain atropin and hyoscyamin, while the wild ones contain only atropin. The ripe fruit of *atropa belladonna lutea*, likewise, contains but atropin and a base perhaps identical with atropamin. The unripe fruit of the wild growing *atropa belladonna nigra* mainly contains hyoscyamin and mere traces of atropin.

3rd. The leaves of both belladonnas contain hyoscyamin and small quantities of atropin.

4th. Fresh and old seeds of *datura stramonium* contain in the main hyoscyamin and small quantities of atropin and scopolamin.

The quantity of the two alkaloids, atropin and hyoscyamin, is quite considerable in the root of *atropa belladonna*; but also the leaves and berries of this plant have frequently caused intoxications. Also with *datura stramonium* all parts of the plant have occasionally acted as a poison. The morphological distribution of the alkaloids in the tissues of the roots and stems, according to A. de Wevre, is to be found particularly in

the epidermis, and with belladonna in the neighbourhood of the bast. As the plants grow older, they decrease in the inner parts and are only to be found in the bark. The juice of the berries of *atropa belladonna*, likewise, is rich in alkaloids. The proof of their presence with *datura* and *hyoscyamus* is easy in cross cuts of the seeds. Both seeds resemble each other in the cross cut; however, the difference is very obvious.

Atropin was discovered in 1831. Appears in: *atropa belladonna* or the deadly night-shade. *Datura stramonium* or the thorn apple. Plants of the same order as tobacco. Also in *hyoscyamus* or henbane (*H. niger*—black henbane).

Toxicologically, it is of some importance to mention that bees occasionally suck poisonous alkaloids from flowers and deposit them in the honey. In Trapezunt, *datura stramonium* poisoning was noticed and in America the same of *gelsemium*.

Another question of importance for the toxicologist arises here: Why is it, that the bees do not succumb? In regard to this we must state once for all, that the position of the organism in the animal kingdom is of importance and that nothing is more erroneous than to draw general conclusions in regard to man from experiments made with animals picked out at hap-hazard. The rabbit tolerates more morphin than man, who is about fifty times heavier. The goat remains perfectly healthy after doses of lead, nicotin, cytisin (*goldregen* and *ulex europæus*) &c., which would fatally poison man. Dogs can partake of amygdalin without being injured, while rabbits die of this. The hedgehog delights in doses of cantharides which would kill several people under agonizing pain. He is not killed by the bite of the most poisonous snake. The toad is almost insensible to the poisons from *digitalis*, toward which the frog shows great sensitiveness. Our strongest neurotics of the heart are without action upon insects. The snail easily tolerates a dose of strychnin which would kill a man instantly.

Statistics.—From 1867 to 1879 we find one hundred and eleven intoxications by our alkaloids. From 1880 to 1889 we have one hundred and twenty-seven cases. The poison cases caused by atropin and hyoscyamin are, therefore, to be called frequent ones. Pure atropin,

preparations of belladonna or datura and the henbane plants caused the first mentioned cases. We find amongst the ancients and in mediæval times intentional cases quite frequently, because the plants were supposed to have a sexual action. Of late these intentional cases are rare. One is on record concerning a female nurse who poisoned another hospital official by administering to him atropin dissolved in milk. The traveller Flatter and many of his companions were poisoned by the 'Tuaregs' by means of a species of hyoscyamus called El Bethina. From 1867 to 1879 we have nine cases of suicides by our alkaloids. Non-intentional cases are significant. Considering the statistics from 1867 to 1879 we have twenty-two children who partook of poisonous parts of the plants: nine, belladonna atropa, twelve, seeds of datura stramonium, and one, hyoscyamus nigra. Four grown up people, out of ignorance, had boiled a soup from the roots of hyoscyamus; one family had used such roots instead of chicory with coffee. Occasionally, people have been poisoned by meat of herbivora, rabbits and birds; they had killed and eaten these animals, which are not particularly sensitive to these alkaloids. The statistics are very rich in cases of children eating or drinking ill-guarded medicines containing atropin for the use of grown folks. Thirty-three such cases are comprised in the given number from 1867 to 1879.

We must not forget to mention that physicians have caused thirty-nine cases in the same mentioned years, by prolonged medication or by excessive doses; (*e. g.* eye diseases). The mortality is 11.6 per cent.

Fatal Dose.—The smallest fatal dose for grown people has been found so far to be 130 milligrammes atropin. For a child three years of age, 95 milligrammes. A case is on record where 100 milligrammes acted fatally, applied to a vesicator wound. (Blister.) Three to four berries of atropa belladonna showed violent poisoning in children; an injection per anum of leaves of the same plant acted similarly in dose of 0.63 grammes. Fifteen seeds of datura killed a child. Of hyoscyamus about the same may be said.

Action.—Both alkaloids act upon most different parts of the central nervous system and upon a series of peripheral organs. The nerves are at first excited and

afterwards paralyzed. Certain elements of the nerves of the peripheral organs are at once paralyzed.

Peripheral Actions.—The adaptation and accommodation apparatus of the eye, the muscles of the heart, the glands proper, the motor nerve elements in the organs with smooth (unstriated) muscular fibres, mainly in the intestines. We shall have to mention later on an alkaloid "muscarin," which will just excite the very same parts which are palsied by atropin. Concerning the eye, an injection of the most dilute atropin solution will cause dilatation of the pupil and will stop the possibility of accommodation for nearness. This dilatation of the pupils is strongest with man, dog and cat; it is weaker and passes off easier with the rabbit. Frogs only show it after large doses, birds' eyes are not at all thus affected. This action is a local one and relates to organic elements of the iris, since the dilatation remains localised at the eye injected and even sets in on cautious application from sideways, at the side first touched. It is even possible to show the action on an eye that is removed from the body. The cause for this dilatation consists in paralysis of the terminals or end apparatus of the motor oculi nerve in the iris. The muscle sphincter pupillæ is not paralysed by small doses and only conditionally by large ones. If we contrast the action of cocain with the above, we find that this alkaloid excites the peripheral ends of the nerves of the dilatory apparatus upon which the atropin does not act. As such nerves are considered the sympathicus as well as the trigeminus. Some ophthalmologists claim, however, that atropin also acts upon these. Also the paralysis of the accommodation by means of atropin is due to a nervous action upon the terminals of the oculomotorius, since the only means to bring about an accommodation for nearness (during the action of atropin) consists in using physostigmin of muscular action.

In regard to the action of the heart, the results are not yet decisive. The frequency of the pulse is increased and the blood pressure also. Man and dog may show more than double the number of pulsations than normally. Rabbits show less of this increase and frogs as a rule none at all.

The secretion of all glands proper is suppressed by

atropin. If the nerve of the sub-maxillary gland be excited while the animal is under the influence of atropin, no saliva flows, while the vessels of the gland continue to widen during the excitation. The secretions of perspiration and of mucus are stopped; the discharge from the pancreas (which may be increased by muscarin) is suppressed and that of the bile reduced. Even the secretion of milk has occasionally been noticed to stop after medicinal doses of belladonna. In all cases atropin suppresses promptly those hypersecretions caused by muscarin or pilocarpin, so that these latter two alkaloids are inactive upon the glands mentioned if atropin had been given before.

Regarding the organs with unstriated or smooth muscular fibre we have to consider particularly the influence of atropin upon the peristaltic movements of the intestines. This movement after small doses of atropin is in the first place occasionally increased to a small degree. After large doses the excitability of the muscles is noticeably decreased. Muscarin, pilocarpin and nicotine are without action upon the atropinized intestines, while physostigmin is said to bring about (in the presence of atropin) vivid peristaltic movements and even violent tetanic convulsions.

Concerning the other organs with smooth muscular fibre, stomach, spleen, bladder and uterus, the action of atropin is only distinctly noticeable if these organs are in a state of spasmodic contraction, as they are really in case of muscarin and pilocarpin intoxication. Atropin will then bring about perfect relaxation, but physostigmin will afterwards cause the spasmodic contractions in case the dose of atropin was small.

The nervous apparatus of the muscles of the vessels in general is extraordinarily weakened by toxic doses of atropin.

Central Action.—Only for large doses on man. It consists in physical excitation, which may cumulate to raving mania and which afterwards gives place either to sleep or generally to fatigue, paralysis and death with œdema of the lungs. The different classes of animals behave unequally. Cats react very strongly, rabbits and goats little, snails may eat for weeks fresh leaves containing atropin, without suffering.

The resorption takes place from all points of applica-

tion, the secretion goes off by way of the urine in which it has been found even after thirty-six hours.

Symptoms.—They set in in a few minutes, particularly after the use of extracts or solutions of extracts of atropin or belladonna. Swiftly they reach a dangerous climax. They consist in: Dryness in the mouth and throat; hoarseness, difficulty of swallowing, even impossibility of doing it, vivid redness and swelling of the face, beating of the arteries, acceleration of the pulse; dry, hot skin subjectively (with reduced bodily temperature objectively); protrusion of the eyeballs, but less than in case of cocain; dilatation and immovability of the pupils, many different kinds of disturbances of vision (Diplopia, chromopsia, loss of accommodation, etc.); headache, dizziness, hallucinations, delirium, sometimes of a quiet kind, but mostly of a noisy nature; noisy outbursts of gayness, love to laugh, but also regular raving mania; uncertainty of gait, weakness of the muscles, increased desire for locomotion, and dancing phenomena similar to St. Vitus'. Less constantly we find a characteristic exanthema of the skin, either suggestive of scarlet fever or vesicular or urticarious. Rarer still, we find convulsions (violent): Trismus and excitation of the sexual organs.

All the above stated holds good for atropin as well as for preparations of it or parts of the plants containing it.

If on the other hand hyoscyamus had been used, the pupils dilate, but before accommodation stops, very painful convulsions of the ciliary muscles set in, which may be stopped at once by the use of atropin. The picture is also a little varying from the one given above, in case datura stramonium or hyoscyamus niger, or preparations made from these had been applied.

Datura shows local phenomena of excitation, like vomiting and diarrhoea (even bloody masses) and a stronger excitation of the sexual desire.

Hyoscyamus niger and its preparations show less excitation, desire to sleep is greater, the pupils during sleep may become narrower. Excitations of the intestines are generally absent.

Formerly there was much ado made about conjunctivitis and eczema following injections of atropin into the eye, but, now, without sufficient reasons perhaps, it is

accepted that only mouldy solutions caused such phenomena and not the atropin proper. It has been observed with man and animals that atropin was transmitted to the foetus. The sensitiveness of the foetal heart towards atropin is less during the first months of pregnancy than during and soon after birth.

In chronical cases the action is lost in the following sequence: Salivary glands, heart, intestines, finally the action upon the pupils.

Development.—In comparison to the frequency of these intoxications and of the violence of the symptoms, the poison does not frequently act fatally. In a fatal case, swooning and coma set in, pulse and respiration are immensely accelerated, the sphincters of the bladder and intestines are paralysed and within two to twenty hours death ensues. In most cases the symptoms maintain from one to several days, sometimes showing an intermittent development, delirium and coma alternating, but disappearing gradually. It has frequently happened that an ignorant public, or even physicians, have submitted the patients to lunatic asylums, not in the least dreaming of a poison case, but diagnosing a genuine psychose.

Convalescence is always slow. For days or weeks we find remaining: Double vision, amblyopia and widening of the pupils. Cerebral disturbances may remain, of a light nature, *e.g.*, a certain slowness or hindrance in articulation, as well as a defective faculty of thought or of co-ordination. Also a want of appetite, weakness of the legs, headache and dislike of light may persist for months.

Post Mortem.—Not characteristic, except of blood in the brain and meninges, also the state of the pupils. In single cases of poisoning by berries of the *atropa belladonna*, a dark blue coloration of the stomach has been found. If *datura* had been eaten, the stomach and intestines may show extravasations and inflammation. Ecchymoses, particularly of the heart, have been noticed in some special cases.

Therapy.—The symptoms setting in so swiftly, help is generally sought for correspondingly rapidly. The development being comparatively slow, therapy may frequently be successful. Thus it may be said that the prognosis of atropin poisoning is a favourable one. The

first thing to do is to use the stomach pump in case of atropin solutions; emetics are indicated if the berries have been partaken of. A laxative, in this case, may follow, since those berries may persist in the intestines for days.

Chemical Antidotes.—Those generally used in cases of alkaloid poisoning are commendable, but mainly tannin.* A most important point is to counteract the congestion of the brain. Use cold compresses and washes, bleed the head and use mustard applications.

Of Physiological antidotes use "pilocarpin" (0.01 grammes) until the mouth gets moist again. The remaining disturbances of vision are to be cured by local applications of physostigmin.

Chemical Tests.—Vitali's test proves the presence of less than one hundredth of a milligramme. It is also a test for the isomeric hyoscyamin. Test:—Evaporate on the steam bath with fuming nitric acid and after cooling, touch with alcoholic potash (KOH). Both alkaloids alike will first turn, under such treatment, violet and then cherry red. Both yield with alcoholic solution of corrosive sublimate a precipitate which is first yellow, then brick red.

An agreeable odour of spirea is noticed when either atropin or hyoscyamin are warmed with concentrated H_2SO_4 until brown, then water is added, and while the mass froths the odour develops. Or, if to this hot solution a fragment of red potassium chromate is added, this odour is noticed likewise, but soon it subsides to that of bitter almond water. The presence of strychnin disturbs these reactions.

For a forensic test, the urine is the most important *corpus delicti*, since it is very probable that all the atropin is voided undecomposed (in not too long a time) by the urine. Even in not fatal cases let the urine be

* Tannin as a general antidote for vegetable poisons. It forms precipitates with atropin, hyoscyamin, coniin, colchicin, morphin, strychnin, aconitin; (alkaloids) and with glycosides: digitalin, convallamarin, scillain, gratiolin, helleborin, &c., with metal salts, as tartar-emetic, zinc sulphate. Infusions of gall-apples, of tea, of roasted or unroasted coffee, of oak bark, of walnut leaves, all will furnish it.

Drawback 1st. The precipitates formed are not quite insoluble if we do not use a tremendous excess of the antidote.

Drawback 2nd. The tannic acids tan the stomach most intensely, and render it often for weeks incapable of normal functional action.

analysed. The atropin sulphate acts upon the polarised ray of light and has a characteristic crystalline shape.

The full satisfactory proof, however, is only to be brought about by physiological test. The human eye should be used, even in a fatal case which is without danger, if the purification of the alkaloid (even if from a corpse) has been done in an exact manner. The human eye is still sensitive to two ten thousandth of a milligramme of atropin. Atropin may be proven present in corpses after months, since it resists putrefactive influences well.

A GENERAL CHAPTER ON CHRONIC POISONING.

Chronical poisoning has been dealt with so far only scantily by science. Observations are indicated mainly in two directions.

First. If we begin cautiously with small doses we arrive at the end toward immunity against large doses of the same poison, which would kill infallibly an individual of the same species not accustomed to it. Such accommodation is possible with man and animals. The best known examples are; Arsenic, alcohol, and morphin. It has been proven on the rabbit that this animal may be accustomed to atropin as well as to potassium cyanide. Perhaps the most remarkable experiments in this direction have been made with white mice. They allowed accommodation to ricin and abrin. (Ricin is a phytalbumose of fermentative action, from *ricinus communis*. Abrin is a toxalbumin, similar to ricin, from *abrus precatorius* or paternoster peas.) These two toxalbumins act in a really terrible manner upon other animals. Ehrlich, who made these experiments, assumes that the mice form within their bodies two antidotes, antiricin and antiabrin, which render the organism immune.

In a similar manner it has been surmised that the parasites of the intestines (tape worm and others) only escape the digestive influence of the enzymes by producing, in consequence of heredity, an anti-enzyme, which is all the time given off from their skin and prevents their being digested. Also to be mentioned here is the immunity of toads and snakes towards their own poison. Toads will even resist the poisons of

digitalis which chemically have no relation to the toad poison, but which are of similar action.

The possibility to accustom man to animal poisons has, as yet, not been proven in a strictly experimental manner by scientific men of civilized nations, but according to Ehrlich's experiments it is impossible to doubt it. A notice due to Alfred Kirchhoff, of Halle, speaks in favour of this view. It says: "The magicians of the bushmen in Kalachari have to pass, while boys, an apprenticeship with approved physicians or magicians. During this time they are, above all, rendered immune against the bite of snakes and the sting of scorpions. This end is attained to perfection at least in regard to the scorpion. Twelve scorpions (averaging eight centimeters long, called *Buthus randus*, a notoriously very poisonous species), were purposely collected by a gentleman called Schinz. Schinz allowed them, with the aid of a pair of pinchers, to play their tricks on an old wizard. The animals stung him in all parts of the body, even into the mouth and on the scrotum. Each time a great drop of white fluid protruded from the sting. In spite of this, the old man claimed to feel no pain whatever. Even an hour after the experiment, the parts attacked did not show the least change, while every other human being would have shown by that time the most terrible symptoms of reaction. The old man said, that he had attained this peculiar faculty during his time of apprenticeship. In school with a magician he had been ordered to apply, into cut wounds, some of the poison taken by force from scorpions, diluted with water and urine. Also, he had had to eat the poison stings smashed up to a hash and boiled down. Correspondingly, immunity against the bite of serpents is said to be acquired. Other travellers agree to these statements. Old legends tell of King Mithridates who had been accustomed to all poisons."

Second. The poison offers, if cautiously begun with in small doses, finally immunity towards malignant bacteria, which produce just the same poisons. Thus the poisons of diphtheria, tetanus, tuberculosis render animals immune towards the corresponding, perhaps even to other, diseases. It has peremptorily been denied that this action is due to the work of leucocytes.

Third. In cases of chronic poisoning, the symptoms

differ from an acute single case. We mention: cirrhosis of the liver after phosphorus; cirrhosis of the kidneys after phosphorus and cantharadin; gouty kidney after lead; degeneration of the muscle after arsenic and lead; disturbances of vision after nicotin, alcohol and carbon bi-sulphide; idiocy after potassium bromid, alcohol and cocain; deafness after quinine and salicylic acid; hydrops after poisons of the liver and kidneys, etc., etc. Finally, we mention the remarkable phenomena of abstinence, which set in as soon as the use of the drug is stopped, in the case of morphin, cocain, alcohol and nicotin.

Action of the Liver.—Experiments have been performed since 1873 with the intention of showing that the liver reduces the toxic influence of many substances. There are three groups of results. Heger and Jacques claim to have proved that the liver accumulates the poisons. Schiff and Lautenbach, that the liver destroys them. René and Jussewitsch (1886), that the liver is entirely without action upon them.

This difference of opinion prompted G. H. Roger (Paris), in 1887, to inquire experimentally again. He found that poisonous alkaloids, strychnin, veratrin, quinin, atropin, hyoscamin, morphin, upon injection of dilute solutions into the portal vein only acted half as strongly as if injected into the jugular vein. Curare even acted three times less strongly. The reducing action of the liver was proved to be directly dependent upon the quantity of glycogen present. The liver of the animal suffering from hunger, acted proportionately less reducing, the less glycogen it contained. The depoisoning power could be brought about by injections generative of glycogen (glucose, &c.). For an explanation of these facts Roger assumes that the alkaloids form coupled compounds with the glycogen in the liver, and in a similar way as some substances (*e. g.* ammonia) do this when heated with glucose solutions. Robert gives another explanation based upon an observation of Anthen. According to Anthen, the liver cell, even extra corpus, forms bile acids proportionately more intensely as it is richer in glycogen, while liver cells free from glycogen do not at all do this.

According to de l'Arbre, strychnin, brucin, quinin and other alkaloids form, in contact with bile acid, compounds which are relatively with difficulty soluble in water. The

more alkaloid there is present the better it is, because in the presence of too little alkaloid the excess of bile acid sodium present re-dissolves those compounds. But it must be considered that even if this latter be true, that it nevertheless (presence of excess of bile acid sodium) depoisons the organism, since the bile acid alkaloids dissolved in excess of bile do not directly arrive in the blood, but are secreted with the bile, so that only after many hours have they a chance of being re-absorbed by the intestines and then may act poisonously. Anyway, it is a positive fact that numerous poisons are retained by the bile and not only the alkaloids.

REVIEWS.

Christian Friedrich Samuel Hahnemann. CARLO NIEPER, Leipsic. Marggraf's Homöopathischer Officin, Leipsic. 1896.

THE idea of commemorating the centenary of homœopathy by the publication of a portrait of Hahnemann was excellent. But we think that Herr Steinmetz, the proprietor of Marggraf's Homöopathischer Officin, would have been better advised had he selected an authentic portrait of the great therapist for reproducing, such as that by his second wife, or that by Hering, an engraving of which appears in Dr. Dudgeon's translation of the *Defence of the Organon*, than in presenting a modern composition. These paintings have been described as being faithful portraits by those who were familiar with the great original. Instead of taking this course, Herr Steinmetz commissioned a young and rising artist, of Leipsic, Carlo Nieper, to paint a portrait of Hahnemann. The material to enable him to do so, he derived from a study of the various portraits, busts and statues that he could obtain access to for the purpose. The result is a picture rather than a portrait of Hahnemann.

The engraving, which is 15 inches by 18, is a handsome one. The benevolent side of Hahnemann's character is well expressed; the firmness and determination, so prominent in David's well-known bust and also in Hering's portrait, are less marked. Hahnemann is represented as sitting at a writing table, pen in hand, looking forwards and to the right, as if full of thoughts destined to find expression on the paper before him.

It is a pleasing view of Hahnemann and, doubtless, a more or less accurate one. But, while as a picture it is very interesting, we should have preferred a portrait with some claim to be regarded as authentic.

NOTABILIA.

THE WASHINGTON MONUMENT TO HAHNEMANN.

THE most interesting exhibit at the International Congress in London during August was unquestionably a beautiful model of the statue which is to be erected in Washington during next year to the memory of Hahnemann. It was brought over by Dr. McClelland, of Pittsburgh, the chairman of the committee promoting its erection. This model Dr. McClelland, at the conclusion of the Congress meetings, very generously presented to the London Homœopathic Hospital, of the Board Room of which it will be the most striking ornament.

The following is the description of the monument:—

“The monument is to be built of the finest grey granite, with statue and bas-reliefs of standard bronze. The form is that of the Greek exhedra and is elliptical in plan. Four steps in front lead up to a platform upon the lesser axis, at the back of which rises the superstructure. A sitting statue of Hahnemann, heroic in size, on a granite pedestal, is placed in the centre portion, which is composed of four columns supporting an entablature, above which is an attica with the inscription ‘HAHNEMANN.’ On the base of the pedestal is the motto ‘*similia similibus curentur.*’ Between the two front columns and forming the background of the statue is a niche, also elliptical in plan, terminating in a semi-circular arch above the impost. The line of the impost continues on either side forming the top of the curved walls which end at the extremities of the larger axis of the plan in decorated amperses crowned with acroteria. The base courses of these walls form seats occupying the space between the central portion and the end terminations. The upper portion of the niche behind the statue is to be decorated in mosaic with a design composed of the foliage and flower of the cinchona plant. On either side of the arch are decorative emblems in bas-relief, the bowl and serpent, symbols of wisdom, and the lamp and book, typical of knowledge and instruction, the former associated with a palm branch, the latter with a wreath of laurel. As the keystone of the arch appears a lion’s head, symbolic of strength and leadership. Four commemorative bronze tablets are placed in two panels on either side of the niche, upon the curved walls, representing in bas-relief the four epochs of Hahnemann’s life.

“The statue itself is the culmination of the plan of the monument. By the expression of the features and the pose of the figure it is designed to convey the characteristics of the philosopher, philanthropist and teacher, and above all the

leader of the great reformation in the medical practice of this period.

“ As the monument is to stand in an open space, approachable from all sides, it is sought to make it attractive from all points of view and much attention has been devoted to the design of the rear. The main lines of the central portion are here repeated with a flat curtain wall divided into three panels for inscriptions with decorated tympanum above the impost substituted for the niche. This together with the projecting lines of the ampers form vertical divisions for this elevation, resulting in a well proportioned and equally balanced architectural composition. In the centre, filling the tympanum of the arch, are two figures in bas-relief, emblematic of the science and art of medicine, above which in the attica is the date of erection in Roman numerals. Below the curtain wall is a fountain in the form of a fluted basin fed by a stream of running water issuing from a carved dolphin. On the side walls are the dates of Hahnemann's birth, ‘ Meissen, April 11th, 1755,’ and death, ‘ Paris, July 2nd, 1848,’ encircled with laurel leaves. The extreme dimensions are forty-six feet broad by thirty feet deep at the base, and twenty-two feet in height.

ANOTHER AFFRONT.

ARE not the homœopaths making a mistake. That monument to Hahnemann in Washington will be a splendid thing artistically and an honour to the country, but are the builders wise to thus flaunt their prosperity in faces of their hereditary foes, the “ Regular ” physicians? We have a deep sympathy for the latter. Nothing is more annoying to a good hater than the triumphant progress of those he once decided to despise and ignore.

But the world was ever thus !

Hahnemann was the discoverer of a vital principle that has saved countless lives, but the old school of medicine would undoubtedly have been considerably happier if he had been quietly burned, or at least suppressed.

Such fellows as Archimedes, Columbus, Sir Isaac Newton, Hahnemann, Humboldt, and Ben Franklin are sure to make enemies and stir up trouble.

While we are ready to admit that the followers of Hahnemann save many lives where the old school fails, we must protest against this wilful injury of the “ Regulars' ” sensibilities.

Imagine the feelings of George the Third if a statue of Washington had been deliberately erected beneath his royal nose !—*Life*.

THE HOMŒOPATHIC CONGRESS.

THE President of the International Homœopathic Congress, in his opening address, used several arguments which in our opinion require some revision. To review that address as a whole is here impossible, but we are disposed to dispute that part of it which assumed that homœopathic teaching had in part been accepted by the profession at large. We do not differ from the homœopathic school on the proposition that there is doctrine in therapeutics; the President is right in saying that in a recent controversy in the College of Physicians the claims of therapeutics to have a scientific aspect were vindicated. But this is a very different thing from asserting that the doctrine of therapeutics is the particular generalisation of the homœopaths. Pharmacologists would rather assert that any inductions attained at present are far indeed from being so wide. So far from being laws of wide generality, the inductions of pharmacologists are of very limited application, and explain but small groups or series of phenomena. Again, homœopaths are not alone in asserting that experiments with drugs upon healthy men are valuable; the difficulty of ordinary pharmacologists is to find the men who are ready to submit themselves to continuous experiment. What we do say is that records of the subjective sensations of a physician experimenting upon himself, if not valueless, are vitiated by their subjective and unverified character. Such experiences can rarely be weighed or measured. And must we repeat once more that to administer minute doses of powerful drugs, doses which can be weighed and measured, is not to administer homœopathic doses, which cannot be so appreciated; nor is it to administer triturations endowed by the process of subdivision with certain mystical virtues which can only be described in metaphysical language. The President's "two principles" are that drugs must be administered on a principle, and that this principle is the doctrine of *similia similibus*. This may be; but it is surely to make a long jump from the opinion that therapeutics should have a doctrine to the assertion that such a doctrine exists, and, thirdly, that this doctrine is the homœopathic doctrine. The President must be aware that there are many arts carried on, not unsuccessfully, without any reasoned explanation of empirical processes; that other arts are carried on by empirical methods, rectified and directed by some partial explanations; and in this middle position medicine still lies. That we ought to know more of the working of our remedial means is a pious aspiration which we have no wish to discourage. But to allege that therapeutics can now be summarised in one general law is to be more than sanguine; it is to be credulous.—*British Medical Journal*, August 8th.

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UNPREJUDICED EXPERIENCE *versus* PREJUDICED INEXPERIENCE.

“Tincture of Arnica is a good remedy for *bruises*, and moreover has a bracing and invigorating effect if rubbed on the limbs after much fatigue; but it should never be applied to broken skin, as it is apt to produce *erysipelas*.”—*Baedeker's Switzerland*, 1895, p. xxii.

“Arnica is useless at best, and not without dangers of its own.”—Dr. Clifford Allbutt, in *Travel* Sept., 1896.

VACCINATION.

THE *Standard* of the 16th ult. gives the following instructive commentary on the report of the Committee of the Gloucester Board of Guardians on the epidemic of small-pox which has recently occurred in that city:—

“We have received an interesting and most instructive report on the recent epidemic of small-pox at Gloucester, just issued by the special committee appointed by the Board of Guardians during the outbreak. It is written with a vigour

rarely met with in official reports, and contains evidence of the most striking character upon every aspect of the question. The statistics alone are worth volumes of argument. During the epidemic, 2,086 persons were attacked by small-pox, and of these 21.7 per cent. died; but the proportion of deaths to cases was 40.5 per cent. among the unvaccinated, and only 9.2 among the vaccinated. These figures are sufficiently convincing as they stand, but they do not represent the full strength of the case. The term "vaccinated" only means that the operation had been performed some time in infancy, and does not imply a condition of efficient vaccination, as it is now scientifically understood. For that, revaccination is generally necessary, and the result of careful investigation was to show that, "among the whole 2,086 cases, not a single death occurred in a person who had been revaccinated successfully within not more than ten years nor less than one month before exposure to infection." It is the fashion, however, to pooh-pooh statistics of this kind, and, some people may be inclined to attach more importance to individual object lessons, of which the report contains many examples. For instance, the whole police force, with their wives and children, were vaccinated or revaccinated, except the wife and two children of one constable, and these three were the only individuals attacked. The constable was a strong anti-vaccinator, but after his family contracted the disorder he submitted with a third child to the operation, and they both escaped. Again, in the County Asylum, which contains 1,481 persons, the disease suddenly appeared, in spite of all precautions, and seized one of the female patients. All the inmates, together with the staff, were immediately vaccinated, and only three other cases occurred with but a single death. The case of the post-office *employés* is even more striking, because they are specially exposed to infection, both from handling letters and from going their house-to-house rounds. Out of 221 men, only two were attacked, and these happened to have missed vaccination. Dr. Oscar Clark, one of the medical practitioners in the town, had an amusing experience with a determined anti-vaccinator, who forbade his children to be vaccinated. The doctor managed to circumvent him, and performed the operation, with the result that the man took the disorder, while his vaccinated wife and children escaped. Whole columns of similar evidence might be quoted, proving the protective efficacy of inoculation in the most incontrovertible manner to anyone capable of reasoning at all. Moreover, the report contains numerous facts totally subversive of the theoretic views held by opponents of compulsory vaccination. One common argument is that if

it were not compulsory people would adopt it voluntarily. The experience of Gloucester shows that, even in the face of a tremendous epidemic, a considerable number of people will still decline to protect themselves and their children until they are compelled. Another contention put forward in the dissentient report of the royal commission, and generally relied on by anti-vaccinators, is that isolation is an efficient and preferable means of prevention. Here again Gloucester conclusively disproves the theory. Isolation was found perfectly powerless to arrest the progress of the infection amid such a mass of inflammable material."

SPECIALISM AND HOMŒOPATHY.

THE infatuation of many of our younger graduates, and of some of our undergraduates also, with the surgical technique and the super-scientific bent of the times, leads them away from the just claims of our special therapeutics, and the result is that, when medicines and local applications are needed, they fly to the coarse and harmful methods of the old-world clinics.

Our oculists and aurists, surgeons and gynæcologists too often supplement their operations either with an absolute indifference to the after treatment of their cases, or they tamper with them by using what in justice to their patients, and to the best interests of our branch of the profession, should be literally out of sight and out of mind. For the people who put their trust in us have a choice in the matter of their medical treatment, with and without surgery; and the general practitioner who trusts the specialist and recommends him certainly has some claims that are worthy of proper respect. Else one school of practice would be as good as another, and none at all as good as either!

Depend upon it the injury that is being done to homœopathy by some of our specialists is not done by them because they are specialists, but because they are ignorant and indifferent to the claims of the carefully chosen internal remedy which, while it cannot always supersede, may often precede and follow the knife to the advantage of all concerned.—*The Clinique*.

THE CARLSBAD CURE.

THE mode of treatment or "*Cur*" pursued at Carlsbad is described by Dr. Tod Helmuth of New York, who has been

spending the summer at that fashionable "*Bad*," in a letter to *The North American Journal of Homœopathy* (September, p. 588). He writes as follows:—

"The patient rises at six o'clock in the morning and walks to the spring the waters of which have been prescribed by the doctor. At seven o'clock there are certainly ten to twelve thousand people, most of them cup in hand, wandering slowly up and down the immense Muhlbrunn Colonnade, or walking through the Sprudelhalle, or in the alte-weise, slowly sipping the water. Never have I seen so many nationalities grouped together, excepting in Tangier. Russians, Poles, Greeks, Turks, Armenians, English, French, Germans, Italians, Spaniards and Americans shoulder each other in the throng, the majority of them seeking that which they knew not the value of when they possessed it—health. It is really melancholy to contemplate this crowd; disease has set its mark on most of them, saffron coloured skins and yellow conjunctivæ mark the liver sufferers, emaciation or œdema proclaim the diseased kidneys of others, and the obese ones roll on their legs, their pendulous abdomens shaking at every step. The only well looking individuals are the hypochondriacs, monomaniacs and hysterical ones, who present a lively appearance, and who form quite a large percentage of the patients. Let me say here that even at this early hour in the morning Dame Fashion asserts herself. It is a sad commentary on human nature to see an old woman with red paint on her yellow cheeks, or an emaciated and sallow man in bright green clothes, or a worn-out roué in gay costume regarding with leering eyes a flashily dressed demi-mondaine, with death staring them all in the face. Yet here they are, jostling each other on the banks of the Tepl, while, as it seemed to me almost in mockery, the band plays the most enlivening airs of Strauss, Weber or Schubert. After drinking two or three glasses of the water, the patient walks back to breakfast (one roll, one cup of tea or coffee, one egg) after which massage, and then a walk of from three to ten miles. The most beautiful and most variegated walks in the world are to be found at Karlsbad. Walks up hill and down, through pine forests, or on the banks of the Tepl or the Eggar, perfectly kept and of infinite variety. Dinner is served in the middle of the day, the diet varying according to the disorder which is being treated. The afternoon is spent at one of the numerous cafés, where coffee and tea are the chief refreshments. Bed-time is about nine o'clock, and by ten o'clock "silence reigns supreme." It is my opinion that if such hygienic routine could be carried out at home, just as good results could be obtained, only we have not the walks and

the forests and the water quite so handy, and we have in their perfection all those daily trying and worrying strains, which succeed each other so rapidly and are attacked with such vigour by our people that nerve tension is never relaxed, and we exhaust ourselves, never exacting from our bodies the *quid pro quo*.

“It is not so much the waters that produce the marvellous results in certain cases as it is the absence from care and worry, and the strict hygienic precautions that are observed, these are the chief factors in the cures effected. The daughter of Æsculapius, neglected and maltreated at home, is propitiated at Karlsbad by a strict conformity to her laws, and very soon, in return, she removes the yellow pigment from the skin of the jaundiced worshipper, and drops pounds avoirdupois from the obese but repentant sinner.

“There are over one hundred doctors at Karlsbad, the competition is tremendous, and the ethics very low. Every doctor calls every other doctor bad names, and abuses and vilifies him. Hotel porters are paid a monthly stipend to recommend the donor to the newly-arrived patient, and the hotel proprietors have definite arrangements with certain physicians, that if they (the doctors) are employed by new comers, that a prolonged sojourn at Karlsbad will be ordered to complete the cure. There are, no doubt, some exceptions to these statements, but I am told they are few and far between.”

CHARLES G. RAUE, M.D.

WE have heard with regret of the death, on the 21st August, of this well known pioneer of homœopathy in Philadelphia in his 77th year. Dr. Raue was one of the active fellow workers of the late Dr. Constantine Hering, and took a part in the foundation of the Hahnemann Medical College.

CORRESPONDENCE.

A CAUTION.

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—I wish to warn my colleagues of a person who has been recently going the round of the homœopathic practitioners and others in the district. He calls himself

Dr. Müller, from San Francisco; his appearance is most striking and his manner overbearing. He professes to be possessed of great wealth. It is only natural and right to extend hospitality to a foreign colleague, but I warn my fellow practitioners to have nothing whatever to do with this man; sooner or later he will abuse their kindness and take advantage of any knowledge he may acquire of the habits of his host, and the domestic arrangements of his household. I need not enter into any details as to his *modus operandi*, but trust that after this warning my colleagues will be able to take care of themselves.

I am, yours truly,

R. W. BARROW.

8, Whiteladies Road, Clifton,
Sept. 11th, 1896.

SCHOTT'S TREATMENT.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I was sorry to be from England at the time of the Congress Meeting on 8rd inst., but was very desirous of utilising my holiday by seeing "the Schott's method of treatment" at head-quarters. One can see much here that is not usually met with at home, and not the least is the fact that so many come here with "heart mischief," and so many get benefited in spite of so little *apparently* being done.

One thing strikes one at once, the general business work of the place; nearly all who come take the usual course, which extends from three weeks upwards; and one cannot help seeing the improvement that takes place in nearly all. The first week is very trying and depressing—the second is better, and the third very satisfactory in so far that the weak get strong. I hope to return to Clifton early in September, and to send you the results of my three weeks here—if you think it of interest to any of your readers—or to reply to any questions from any who would care to know, and thus save the initial days of experience in a new place—generally the most tedious and wearying of a residence in a strange hotel or boarding house.

Yours truly,

EUBULUS WILLIAMS.

Bad-Nauheim,

(Of Clifton.)

Aug. 14th, 1896.

NOTICES TO CORRESPONDENTS.

* * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Tuesdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.

Communications have been received from Mr. KNOX SHAW (London); Dr. HUGHES (Brighton); Dr. ORD (Bournemouth); Dr. McLACHLAN (Oxford); Dr. CARTIER (Paris); Dr. VILLERS (Dresden), &c.

BOOKS RECEIVED.

The Homœopathic World. September. London.—*Medical Reprints.* September. London.—*The Therapist.* September. London.—*The Chemist and Druggist.* September. London.—*The Calcutta Journal of Medicine.* June.—*The Australasian Medical Gazette.* July. Dunedin.—*The North American Journal of Homœopathy.* September. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* September. New York.—*The New York Medical Times.* September.—*The New England Medical Gazette.* August. Boston.—*The Hahnemannian Monthly.* September. Philadelphia.—*The Homœopathic Recorder.* August. Philadelphia.—*The Homœopathic Envoy.* September. Lancaster, Pa.—*The Clinique.* August. Chicago.—*The Medical Century.* August. Chicago.—*The Hahnemannian Advocate.* August. Chicago.—*The Minneapolis Homœopathic Magazine.* August.—*The Medical Argus.* August. Minneapolis.—*The Southern Journal of Homœopathy.* August. Baltimore.—*The Pacific Coast Journal of Homœopathy.* August and September. San Francisco.—*Revue Homœopathique Française.* August. Paris.—*Revue Homœopathique Belge.* July and August. Brussels.—*Allgemeine Homöopathische Zeitung.* September. Leipzig.—*El Propagador Homeopático.* August. Madrid.—*Revista Homeopática.* July and August. Barcelona.—*Homœopathisch Maandblad.* September. Zwolle.—*Rivista Omiopatica.* July and August. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 52, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE PRESENT SESSION.

THE political horizon is unusually obscured, and no guiding star shines out, save the principle of *chacun pour soi*. The evolution of European international policy will doubtless pursue its way, but it threatens to follow a stormy course, and it remains to be seen if the fittest will survive.

Comparatively uninfluenced by this unfavourable aspect of things, in another and far off sphere as it were, medical science goes on her usually quiet, but not always even or uneventful way. Her way is essentially one of beneficence, peace and progress.

The new session on which we have now fully entered is one full of promise, and is part of a memorable year. We see the rapid advance of serum therapy as an evidence of the diligent search for some more excellent way in the matter of the medicinal treatment of certain diseases as opposed to such as is surgical. Its extension to the sphere of prophylaxis by the establishing of an artificial immunity is full of interest and suggestiveness. In diagnosis, too, the present year has made at least one outstanding advance—we refer to the new photography. Less than a year ago it was unheard of. The

present session witnesses well equipped laboratories for the utilization of the Röntgen rays in our large hospitals and by many private individuals, as well as in the shape of a commercial enterprise. By this means the diagnosis of many obscure injuries and the localisation of foreign bodies is rendered easy, and the present and future treatment is guided and rendered more sure, while that of the past is not infrequently the subject of unfavourable criticism. Even the heart and its action are brought under inspection by the fluorescent screen.

While the present year will thus date as the year of a new departure in medical knowledge through the appropriation of a remarkable scientific discovery, it is also the centenary of more than one event in the history of medicine—events which have been as far reaching and as fruitful as any of the noteworthy facts alluded to.

Of universal interest, we mention first vaccination, which 100 years ago was discovered by JENNER, who in 1796 performed on the lad Phillips his first vaccination. *The Practitioner* says: "It is remarkable that the centenary of that first vaccination is to be celebrated with appropriate pomp and circumstance in Germany, in Russia, in the United States, but not in England. This surely is a particularly striking example of a prophet being without honour in his own country. JENNER was not only one of the greatest benefactors of the human race, but his name will live to the last syllable of recorded time as one of the glories of British medicine." Strangely enough, though the medical profession is practically unanimous in its approval of vaccination, and while the principle of it is being confirmed by the Anti-toxin treatment, the centenary year has witnessed the appearance of the long-looked for report of the Royal Commission on Vaccination, so uncertain in its sound, and the ancient city of Gloucester (the chief city of the county of JENNER himself) giving to the world an object-lesson in favour of vaccination, to mark its prejudice and folly.

Again, the year 1896 is the jubilee year of anæsthetics, or, rather, perhaps, we should say of the introduction of anæsthesia into regular use in surgical practice by means of ether. To America we yield the palm "of having first made public proof of the possibility of general anæsthesia." To all medical men the names of

MORTON, SIMPSON, WELLS and SNOW are household words, and we honour them as those to whom honour is due. When we read the description by competent witnesses of the fearful dread of and pain during operation in pre-anæsthetic days, we are not surprised that in the last fifty years surgery has made more progress than in the previous five hundred. To the use of anæsthetics even more than to antiseptic methods this advance is due. A letter to Dr. Simpson by a medical man who had undergone amputation is worthy to be quoted in this connection: "Of the agony it caused I will say nothing. Suffering so great as I underwent cannot be expressed in words, and thus, fortunately, cannot be recalled. The particular pangs are now forgotten, but the black whirlwind of emotion, the horror of great darkness and the sense of desertion by God and man, bordering on despair, which swept through my mind and overwhelmed my heart I can never forget, however gladly I would do so."—(*Practitioner.*)

Again, two striking lessons to the medical profession, in the shape of medico-legal cases, add to the plethora of the year's events. In one of these cases, the sacredness of the patient's confidence, and in the other, the responsibility the surgeon accepts in undertaking a case, and as to which he may have to justify himself before the law, have been strongly emphasised. To be forewarned is to be forearmed.

More than 100 years ago, two men, whose names will always be famous in the annals of medicine, were experimenting with the object of bringing some light into the thick darkness of therapeutics. By an interesting coincidence, they arrived, quite independently, at the same conclusion, namely, that of occupying or pre-occupying the invaded or threatened area by means of an agent acting similarly to the cause producing the disease. We refer, of course, to HAHNEMANN and JENNER, with their different phases of homœo-therapeutics. That their theories were pregnant with truth, is evident from the fact that we are this year celebrating the centenary of both discoveries.

To our colleagues of this country who accord to homœopathy its legitimate place in therapeutics, the year 1896 will long remain a red-letter year, as being the centenary of homœopathy, and the year of the most

successful Congress ever held in this country, of physicians openly acknowledging homœopathy.

Finally, as a circumstance of importance, we may just mention that the current year will form the first complete year of the new London Homœopathic Hospital. The work done there, the number of visitors, medical, nursing and lay, who have inspected it, bear witness to the ever-green condition of the tree of healing planted 100 years ago. So also do the efforts of some medical societies to root up the plant as a pestiferous weed. On all these points we have cause to congratulate ourselves, and to regard the early part of this year as of exceptional interest and importance.

We may well ask ourselves how we can best maintain the traditions of the past, and surpass ourselves in the future? The session was opened for the members of the British Homœopathic Society by an encouraging address from the President, Dr. E. M. Madden, on how best to utilize Hahnemann's legacy to us.

We can hardly do better than quote from his address and emphasise his remarks as of the highest value for the maintenance of the position of the rule of similars:—

Dr. MADDEN said: "The perfection of the practice of homœopathy . . . is in its ideal, an impossibility, as much as the discovery of a perfect man, since it would imply a complete knowledge of all disease processes, with a certainty of making a correct diagnosis in any given case, and an equally complete knowledge of the toxic effects of all possible drugs. But we must all be conscious that there are many directions in which our knowledge of how to apply our law in practice might be extended, and that there are means of acquiring this knowledge for which we are still waiting. One of the first difficulties, the solution of which is much to be desired, and is by no means easy, is to know in what cases it is useless, or, at all events, unnecessary, to use drugs at all; for there is still, to my mind, too great a tendency to believe that *quot mala tot remedia*—a belief which I grant is much more reasonable in regard to homœopathy than in any other system of using drugs, but which is certainly not true even here.

"Another great want is the introduction into our provings of the results of modern methods of pathological examination. I refer, of course, to such methods

as the use of the clinical thermometer, the stethoscope, laryngoscope, ophthalmoscope, sphygmograph, etc., and the chemical and microscopical examinations of the blood and the secretions, all of which were naturally impossible to Hahnemann and his contemporaries, but which have been too much neglected even in provings of more recent date, and the want of which is a most serious drawback in using our *Materia Medica* for actual practice.

“ Such knowledge as we do possess on these points is largely due to the researches of the modern School of Pharmacology, and are mostly made in Germany; but to supply the full information desirable to complete our symptomatology would require extensive re-provings of most of our chief drugs upon the healthy human subject with special reference to those modern methods of observing their effects.”

It is to America, with its emancipated profession and vast resources, that we chiefly look for advancement on these lines. But it appears to us that there is no reason why British homœopaths should not combine to contribute their quota to the general fund of knowledge. Money is the first requirement, and we fully believe that it would be forthcoming to support a well matured scheme for re-investigating pharmacodynamics. Of medical men able to conduct such researches in a scientific manner we have fortunately no lack. The most difficult feature will be the obtaining of honest and fairly healthy *corpora vilia* in which to conduct the necessary experiments. Even this is not insurmountable, as our skilful and intrepid colleague, Dr. WILKINSON, has shown us.

It is of more immediate necessity and of not less importance that we shall all make the best possible use of our *Materia Medica* as it exists. Should we be content to rest on our oars and use only facts our memory retains of information learned long ago, we shall fall far short of the good we might attain. We need to remain students all our days. With the increase of pathological knowledge and the spread of specialisation in medicine and surgery, there is undeniably a tendency to allow specific and constitutional medication to be neglected. Its place is taken by the easier and more attractive local and surgical measures, instead of their being allowed

imply to act as auxiliaries. We plead for a continued study of the *Materia Medica*, and for as careful drug selection and case individualisation as is possible. Without this our art and our patients will suffer.

As a third step in improving our position, we must again point to the necessity for the collective investigation of modern statistics of the results of treatment by homœopathic practitioners of a large number of cases spread over a considerable period of time. The British Homœopathic Society has lent the weight of its influence to this matter, initiated some years ago by this *Review*. It is being prosecuted by the section of medicine, and if it receives the loyal support it deserves, statistics of infinitely greater value than any collected before will be forthcoming.

Let us then press forward. We have enough of success behind us to stimulate and cheer us. The goal may be distant, but its attainment is not doubtful by patient and honest effort."

ON THE SYMPTOMS ATTENDING SOME CASES OF THE PASSAGE OF GALL STONES.

BY CHARLES HARRISON BLACKLEY, M.D.

THE publication of the interesting case of "Gall Stones" given in the October number of the *Monthly Homœopathic Review*, by Dr. S. H. Ramsbotham, and the mention of my name in connection with this and other cases, induces me to give some of the particulars of two of these cases, in the hope that it may cause closer attention to be given to this curious and puzzling phase of disease, and thereby help more completely to make out its exact pathology.

The first example of this form of malady that came under my care was to me very puzzling. It was a little complicated, and this, I think, prevented me for a time from being able to make out the real cause of all the symptoms.

The readers of the *Review* who can go back some seventeen or more years will remember that about that time I published in that journal a paper *On Progressive Pernicious Anæmia*.

The first case given in that essay is one of those to which I now allude.

The patient first came under my care on the 24th of February, 1874. The account he then gave of his symptoms was as follows:—"Early in 1872 I began to have what were thought to be bilious attacks. There was loss of appetite, and at times severe nausea and vomiting, and flatulence, with now and then a passing attack of diarrhœa. The skin was generally a little sallow, and the urine was sometimes more deep in colour than it had been in health. I consulted one of the leading allopathic physicians in Manchester, who told me he thought I was troubled with gall stones. The principal medicines ordered at that time were tinc. rhei and Dinneford's fluid magnesia.

"No improvement followed this treatment, and I then went to Jersey for a month but derived no benefit from the change. I next gave up business and had a stay at Harrogate for a few weeks, and subsequently had a course of hydropathic treatment, but this did me no good, and I gradually got thinner and weaker."

At this point the patient placed himself under my care, when I found the following amongst the symptoms that were present with him:—The skin was of a pale yellow colour, as if there was a mixture of slight jaundice with a good deal of anæmia. The gums, tongue and palpebral conjunctivæ were much paler than in health. The pulse was 66, and was weak and very compressible. As long as the patient kept still there was nothing abnormal about the sounds of the heart, but if he exerted himself there was slight mitral bruit. He also complained of a sense of oppression in the region of the heart, with some difficulty of breathing if he hurried or ascended a hill at more than a very slow pace.

On percussing the chest when the patient visited me, I found decided dulness at the base of the left lung, extending quite two inches upwards, and over two-thirds of this dull space no respiratory murmur could be heard. There was slight cough, with scanty expectoration of semi-transparent and adhesive sputum, which was not at any time tinged with blood. He had no pain in the affected part. One of the remarkable symptoms was the degree of atrophy that was present in all the

muscles that could be readily seen, such as the gastrocnemius and the biceps, whilst at the same time the fat in various parts of the body was apparently not diminished.

One very important symptom the patient had omitted mentioning in his report. For some time he had had attacks of chilliness over the whole body, coming on apparently without cause; and for quite a couple of months these attacks had taken on a form closely simulating ague. In these there was the usual chilly stage with its shaking fit, then the hot stage, and, finally, the sweating stage. This latter had for some weeks been very profuse. These attacks were, however, very irregular, the intervals varying from five to twenty days. The spleen in this case was somewhat enlarged, but not to any marked degree, and the curious thing was that the patient had never been in an ague country, nor anywhere where he could come in contact with malaria. He had lived all his life in Manchester, and had been in the goods department of the London and North-Western Railway Company from his boyhood.

The only way in which he could have been brought into contact with the products of malaria was in a secondary sort of way. The London and North-Western Railway Company have been large carriers of the cotton used in Lancashire. Some of this is grown and packed in districts that more or less are infected with malaria. Of this the outside of the bales of cotton might bring over some of the products of malaria, and in this way the patient might be brought into contact with them. But if this were a cause of such symptoms as we had in this case one would have thought that these would have been manifested sooner, inasmuch as the importation of cotton into Lancashire has been going on for much more than a hundred years; and this patient had been in the goods department of the London and North-Western Railway Company from his boyhood.

My first diagnosis was that this was a case of *progressive pernicious anæmia*: and so far as the anæmic symptoms were concerned I proved subsequently that it was a correct diagnosis; but the ague-like symptoms were the puzzle. This diagnosis (of the anæmic symptoms) was fully borne out by the examination of the blood under the microscope. The red blood cells were

found to be much altered in shape. Some were ovoid, some pyriform and some were flask shaped. This alteration I believe to be a distinctive mark of *pernicious anæmia* wherever it is found in a case of anæmia.

There was, however, another symptom that I think was an important one, although I cannot at present say that it is a diagnostic sign of *pernicious anæmia*, and of that form of anæmia only. This symptom is the apparent amœboid movement of some of the red blood cells. I noticed for the first time in my life this movement in this case. It is as though the blood corpuscle had the power of changing its form and of squeezing itself through narrower openings than it can go through in the normal state.

This phenomenon was so unusual that I concluded it must be a mistake in supposing that it must be due to a change in the shape of the blood corpuscle. I afterwards came to the conclusion that the phenomenon was correctly observed and was, therefore, not a mistake. Amœboid movements in the white cells of the blood in inflamed tissues were observed by Addison in 1842, and by Waller in 1846, and later by Professor Cohnheim, but I am not aware that, up to the time of the publication of my article, any other writer had noticed the same phenomenon in the red blood cell.

The patient made an excellent recovery under the use of quin. arsenitis and phos. and arsenicum, and remained well for some years.

I was, as I have said above, much puzzled by the attacks which resembled ague, and often pondered the matter over, without, at first, getting much light on the subject. Finally, it occurred to me that as we sometimes had fever set up by the passage of a catheter through the urethra (as we have in cases of catheter fever), it might be quite possible to have fever set up by the passage of a gall stone. But the passage of a calculus through the gall duct usually sets up a great amount of pain in the part, and here we had had, comparatively speaking, very little pain. Nevertheless, I determined to test the matter as completely as I could; and although the patient had ceased his attendance upon me, I waited upon him with the view of getting him to examine the motions regularly and carefully for some time. This was done, but at first apparently it led to no discovery

of gall stones; but it was only *apparently* that it appeared to be a fruitless search. I learned on closer enquiry that concretions had passed, varying in size from that of a very small marble to a grain of rice. As these were friable and easily broken up they imagined they were the seeds of some fruit the patient had taken; or something that had accidentally got into his food. Although I had given definite instructions that anything in the form of concretions must be sent on to me or kept till I called, these were not sent on. They imagined that gall stones were as hard as pebbles, and as they were not hard they could not be gall stones, so these were thrown away. Nevertheless, from the descriptions given of them I have not a shadow of a doubt that they were concretions of cholesterine mixed with a little fatty matter.

I am the more inclined to this opinion from the circumstances of the patient eventually dying of inflammation of the liver and of the gall bladder and gall duct. I was only called in to him a couple of hours before his death,* and his wife, when he was dead, would not consent to a *post-mortem* examination being made, and thus the matter had to remain so far undetermined, but it made a great impression upon my mind.

The next case I have to allude to is one that I was called in consultation to by my friend Dr. Warburton, late of Manchester, and on account of its very decided and instructive character I take the liberty of mentioning it; leaving it for him to fill up the details at some other time.†

In this instance there had been frequent attacks simulating ague, but I do not now remember if the pain had been entirely or only partially absent. It was principally upon the frequent and irregular occurrence of the ague-like symptoms that my diagnosis was made. I accordingly gave it as my opinion that the symptoms were due to the attempted, or actual, passage of gall stones through the gall duct, and recommended them to make a careful examination of every stool that was

* The patient had been away from home and was taken ill whilst away. Getting home late at night they sent for the nearest medical man, who was an allopath, and he refused to send for me in consultation.

† Dr. Warburton went to South Africa soon after the occurrence of this case, and I do not now know his whereabouts.

passed, and that this examination should be continued for some time.

In a few weeks Dr. Warburton brought to one of our medical meetings in Manchester a gall stone that had been passed by this patient. It was composed entirely of cholesterine, and, as far as I can remember, was quite an inch and a half long by fully three-eighths of an inch in diameter. After this had passed the ague-like attacks soon entirely ceased and the patient regained her usual health.

Two other cases of this curious malady came under my notice at various times. In one of these I was a little doubtful of the existence of gall stones, because of the fitfulness and irregularity of the symptoms. But when the attacks did come on they unmistakably pointed in that direction. The examination of the stools was not regularly and persistently made, and so no gall stones were found.

In the other case the pains were very acute, and complicated by pains that indicated the passing of renal calculi through the ureter, as well as that of calculi through the gall duct. In this case the duty of nursing and attending to the house devolved upon one pair of hands (the daughter's), and with every wish to keep up the examinations regularly it was not possible to do so, and so no gall stones were found, but I could not help the conviction that they were present, and that their passage through the gall duct was the cause of the ague-like attack.

The two cases I have given, along with one given by Dr. Ramsbotham in the October number of the *Review*, are, I think, quite sufficient to connect this curious set of symptoms with the passage of biliary calculi through the gall duct.

I have had, in my time, numerous cases of gall stones where the passage of these through the gall duct has given rise to pain, but not to symptoms resembling ague. Why these symptoms should come in one case, and not in every case, I cannot at present hazard even a guess. That they do occur in some the foregoing examples are sufficient to prove. To show why this difference occurs must be left to future investigations.

Albany Road, Southport.

AURAL VERTIGO.*

By DUDLEY D'AUVERGNE WRIGHT, M.R.C.S. Eng.,
L.R.C.P. Lond.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to
the London Homœopathic Hospital.

It can scarcely be doubted that the exciting cause of vertiginous attacks (whether from lesions of the outer, middle, or inner ear) is the sudden alteration of intralabyrinthine pressure. This probably acts as a stimulus to the centre of equilibration, by which a discharge of energy is brought about, resulting in those symptoms which we are accustomed to associate with Ménière's disease. The whole series of phenomena is, therefore, the result of a reflex act.

It is probable, as Gowers says, that the presence of an aural lesion is sufficient to put this centre of equilibration into a state of instability, in which a sudden derangement may occur on some slight exciting influence.

The parts of the labyrinth concerned in this action are probably the vestibule and semicircular canals. The cochlea is wholly given up to the reception of sound waves. The utricle, saccule, and the semicircular canals are the parts which subserve the functions of equilibration. These organs contain a special sense apparatus which, by reflex action, serve to maintain our equilibrium during rest and motion. The researches of Goltz and Breuer tend to confirm this view, and further point to the canals as the organs which maintain equilibrium during motion, and to the saccule and utricle as performing the same function during rest. (Static and dynamic sense organs.)

It is well known that diseases other than those of aural origin can produce vertiginous attacks of severe nature. Lesions of organs at a distance, such as the stomach, intestines, and heart, are credited with being the origin of such seizures. The question then naturally arises: In what manner do these pathological conditions bring about the symptoms under consideration? Is it through direct excitation of the co-ordinating centre, or is it through a less direct path?

* Presented to the International Homœopathic Congress, August 7th, 1896.

Whilst we are not in a position to answer this question with an absolute degree of certainty, still we have facts at our disposal which tend to point to the intermediate action of the labyrinth in all cases of vertigo not primarily due to intra-cranial diseases acting as a central lesion.

The evidence in support of this statement is considerable, and far outweighs that which we are in a position to bring forward to disprove this assumption.

As a basis, then, for the remarks which follow, I would make the following propositions:—

1. That in those cases of vertigo not due to cerebral or intra-cranial lesions, the immediate cause of the symptom is a stimulation of the labyrinthine nerves by variations in the intra-labyrinthine pressure.

2. That this variation may be the result of either (*a*) local ear diseases, or (*b*) vaso-motor changes, such vaso-motor changes being brought about by direct or reflex stimulation of the cervical sympathetic.

3. That of all local ear lesions, labyrinthine hæmorrhage (true Ménière's disease) is one of the least common, and that the term Ménière's disease should be restricted to cases of this nature, the remainder being called "pseudo-Ménière's disease," or spoken of as presenting Ménière's complex of symptoms.

4. That for purposes of treatment it is necessary to discover the primary lesion, whether local or vaso-motor, as upon such knowledge the success of treatment depends.

In enumerating the causes which, either directly or indirectly, may cause an attack of vertigo, we may adopt the classification of Woakes, which runs as follows:—

1. Alterations of tension, whether + or —, of the labyrinthine fluid. Such changes of tension may be brought about by—

- a.* Direct pressure due to local ear disease.

- b.* Reflex vaso-motor changes.

- c.* A combination of the two above-mentioned conditions, which comprises the great bulk of cases.

2. Intra-cranial diseases which disturb the nerve of the organ of equilibration, and are central in their origin.

To the second class of cases, viz., intra-cranial diseases, I do not propose paying any attention in this paper, and

shall only concern myself with those factors of vertigo which come under the three sub-sections of the first class.

Let us take them seriatim.

Increase of labyrinthine tension may be brought about by various lesions of the external auditory meatus. It is obvious that the pressure of a tightly impacted plug of wax, or other foreign body, upon the drumhead will indirectly raise the labyrinthine tension, and thus cause giddiness. Chronic dermatitis of the external meatus may also cause vertigo, only in this case the symptom is brought about in a different manner from the foregoing. It will be remembered that the auriculo-temporal branch of the fifth nerve supplies sensory twigs to the meatus. Irritation of these may cause reflex contraction of the tensor tympani, which is supplied by the nerve to the internal pterygoid (another branch of the fifth nerve) through the otic ganglion.

Contraction of the tensor tympani is not an uncommon cause of vertigo, and may be induced in a variety of ways. Spasmodic action of this muscle occurs occasionally in chronic middle-ear inflammation, and to such are referable those sudden and short-lasting attacks of tinnitus, accompanied at times by transient giddiness, of which so many patients complain.

Experimentally, many of us can bring about such an action of the muscle on our own persons by a forced contraction of the internal pterygoids, when, by what is termed an associated movement, the tensor tympani will contract and produce a ringing noise, easily perceived when all is quiet.

Apart from this spasmodic action of the tensor tympani, other abnormal conditions of the middle ear can bring about attacks of vertigo, provided they tend to press the stapes inwards and displace the membrane filling in the foramen ovale. Thus, retraction of the drum-membrane from long-continued blocking of the Eustachian tube; sclerotic conditions of the mucous membrane, involving and binding down the stapes; and paralysis of the facial nerve, with secondary paralysis of the stapedius muscle (which it supplies), permitting of the over-action of the tensor-tympani, will all produce this effect. Polypi, especially those springing from the inner wall of the tympanic cavity, may, by causing pressure on the stapes, cause vertiginous attacks.

It is conceivable that sudden closure of the Eustachian tube, or sudden and extensive exudation into the middle ear, may produce the same symptoms; indeed, Politzer has shown that both these conditions may, in a notable manner, cause vertigo.

Such sudden lesions are, however, the exception, and of middle-ear lesions, slowly progressive sclerotic catarrh or a chronic suppurative process are by far the commonest causes of vertigo.

Labyrinthine lesions are necessarily, when they occur, prolific causes of vertigo. It is probable that simple anæmia will in many cases be sufficient to produce symptoms, but it is chiefly in vascular changes in the direction of congestion or inflammation that we find most marked evidence of disturbance of equilibrium occurring.

Sclerotic catarrh of the middle ear seldom long exists without the labyrinthine blood vessels participating in the process. This is accounted for by the fact that the vessels of the inner wall of the tympanum are in direct communication with those of the labyrinth through the bony walls which separate the two cavities. This labyrinthine hyperæmia commonly leads to some increase of the already existing deafness, manifesting itself chiefly through a diminution of the bone conduction, and further predisposing the patient to vertiginous attacks from very slight exciting causes.

Intra-cranial inflammation, especially that associated with cerebro-spinal meningitis, is especially prone to lead to intense hyperæmia of the labyrinth, in the course of which such widespread changes may occur that the labyrinthine structures may be entirely destroyed. In such cases intense vertigo occurs as an early symptom, but owing to the serious nature of the malady and the rapidity with which unconsciousness supervenes, the giddiness is often transitory in its nature.

The chief lesions found *post mortem* in such cases are exudation of lymph, or hæmorrhage into the perilymphatic space. Such conditions are likewise developed in the course of typhus, variola, scarlet fever and mumps, and a few other similar diseases. Hæmorrhage into the labyrinth may, however, occur as an isolated symptom, a lesion characteristic of true Ménière's

disease, and it is to this condition only that this term should be applied.

I wish to lay particular stress upon this point, as it seems to be overlooked by a large number of the profession, who consequently are apt to report in the various journals cases presenting the symptoms of vertigo, deafness, and tinnitus as examples of Ménière's disease.

A study of a large number of cases thus reported has convinced me that a considerable percentage are traceable to conditions other than apoplexy of the labyrinth, and should not have been reported as examples of Ménière's disease. I think this will be clear if we have a knowledge of the origin of this term.

The first case of this nature, was reported by Ménière in 1861. It concerned a young girl who, in consequence of exposure to cold at the time of her catamenia, became completely deaf with symptoms of violent attacks of giddiness and vomiting, and who died on the fifth day of the disease. The necropsy showed the brain and spinal cord to be unchanged, but the semicircular canals were filled with a reddish plastic exudation, which extended slightly into the vestibule, the cochlea being free.

After that Ménière met with several other cases in which the same group of symptoms appeared, but in none was an autopsy obtained. Since Ménière's observations were published, others have reported cases of a similar nature, confirmed *post mortem*; but there can be no doubt that the disease is far from being so common as the large number of cases reported as Ménière's disease would lead us to believe.

Having now discussed the various aural lesions which, by direct action on the labyrinthine tension, may cause vertigo, we may pass on to the consideration of those reflex vaso-motor changes which, according to Woakes, are responsible for a fair percentage of cases presenting Ménière's complex of symptoms.

It will be remembered that the labyrinth derives its blood supply mainly from the internal auditory artery, a branch of the trunk formed by the junction of the two vertebrals. These vessels are supplied with vaso-motor nerves from the cervical sympathetic, and it is upon the tonic influence of these nerves that the vascular supply of the labyrinth is kept in a healthy condition; and

anything which leads, either directly or indirectly, to a disturbance of this sympathetic chain is liable to produce vaso-motor changes in the parts to which the nerve fibres are supplied. By means of such vaso-motor disturbances, variations of the intra-labyrinthine pressure are brought about, and vertigo, noises in the ears, and other associated symptoms may appear. As often as not some middle ear lesion is present at the same time, for it is in just these cases—viz. those showing imperfect vaso-motor control—that the naso-pharyngeal mucous membrane is in an unhealthy condition and prone to excite inflammation in the ear.

In many of our cases evidences are not wanting of deficient vaso-motor control in other parts of the body supplied by the cervical sympathetic system. Thus, the brachial nerves obtain their vaso-motor supply from the same source, and hence sluggish circulation in the hands and mottling of the arms may occur. In other cases the circulation in the cephalic vessels is at fault, as shown by the sudden flushing of the face which often accompanies an attack of vertigo. In fact, we have only to carefully examine a large number of aural cases to find out that a large percentage of them show evidence of vaso-motor disturbances.

If we now recall the intimate connection which exists between the cervical sympathetic and the vagus, we readily understand the mechanism by which symptoms characteristic of Ménière's disease are brought about by lesions of the stomach and heart; and we clearly see that the form of vertigo which by many is labelled essential vertigo, or vertigo a stomacho-læso, is but the objective sign of vaso-motor disturbance, brought about reflexly by irritation of some of the terminal branches of the vagus.

I venture to think that a full comprehension of these views will not only clear away a good deal of the haze which surrounds the subject of vertigo, but will also materially aid us in the treatment of our patients.

Treatment.—It is perfectly obvious that when we have reason to believe that the symptoms are being caused by direct pressure of wax, polypi, or foreign bodies upon the drumhead or ossicles, internal treatment will be of little avail until such pressure is removed. Likewise, when vertigo and tinnitus are due to retraction of the drum-

head, inflation through the Eustachian tube will materially aid us in our further efforts to cure. I do not, however, propose going into the detail treatment of the various conditions which produce Ménière's complex of symptoms, but will limit further remarks to noticing those drugs which I have found of most service, or which from their pathogenesis we might expect to be of value in the conditions we have been discussing.

Bryonia alba.—For the relief of Ménière's symptoms dependent upon a catarrhal condition, whether simple or sclerotic, of the middle ear, I know of no drug which is so generally useful as this one. Even in cases of suppuration, this remedy, together with any other, such as Hepar. sulph. or Silicea, which may be indicated by the suppurative condition, usually acts efficiently. I am convinced, however, that it is not without an action on the labyrinth, for I have seen it act well in cases of sclerotic catarrh with secondary labyrinthine trouble of high degree. It especially suits those cases in which vertigo comes on when sudden movements, such as getting up from a seat, &c., are made, combined with the presence of the characteristic digestive symptoms of bryonia.

I reported a case some time ago in which this remedy alone cured a long-standing vertigo. It was reported as an example of true Ménière's disease; but though the concomitant symptoms pointed to a labyrinthine involvement, further consideration has convinced me that the repeated attacks of vertigo were brought about by some sympathetic disturbance. The chief fact pointing to this was the flow of viscid saliva which occurred immediately before the attack, and which reminds one of the flow of thick sticky saliva experimentally produced by stimulating the cervical sympathetic, contrasting with the thin watery flow on chorda stimulation. It is therefore probable that in this case the vertigo was due to sudden vaso constriction producing anæmia of the labyrinth, an assumption which receives some confirmation from the fact that on one occasion a dose of glonoine gave immediate relief, though it should be mentioned that this effect was not repeated.

Aurum.—The fact that but little is said in the majority of homœopathic text-books concerning the value of the salts of gold in the treatment of diseases

of the internal ear, leads me to believe that their beneficial properties in such complaints cannot be as widely known as they should be.

In labyrinthine disease due to congenital syphilis I have found it of considerable service, and also in chronic nerve deafness of adults. In some of these vertigo was present, and was markedly relieved, if not cured. The following case is an example :

A. H., office attendant, aged 32. First seen April 8, 1894. He was then complaining of deafness, noises in the ear, severe attacks of giddiness with sickness. The symptoms had been present for four years. Three years ago had influenza, and since then the deafness had been gradually increasing. The patient says that he lost his sight twenty years ago for six months. Never had any discharge or pain in ear. Tinnitus frequent, both buzzing and like sounds of the sea. No cough or other lung symptoms; digestion slightly impaired. No headaches. Sleep good. Inspection of M.T. showed some retraction with redness along malleus handle on both sides. Patient was very deaf to conversation, and tuning-fork tests showed great diminution of both air and bone conduction. No air conduction for lowest two forks (C and C_1), and no bone conduction for highest two forks (C_3 and C_4) on left side; and on the right side the changes were more marked, the loss of bone conduction involving C_2 fork as well as the higher ones, and loss of air conduction involving C_2 also. The diagnosis was, therefore, primary middle ear catarrh, with secondary involvement of the labyrinth, and Ménière's symptoms of recurrent nature, due to occasionally increased intra-labyrinthine tension. Treatment: *Bryonia alba* 3, two drops every four hours.

April 22.—Improvement intermittent. No appetite, losing flesh. Vertical and occipital headache. Repeat *bryonia*.

May 6.—Slight improvement in left ear, none in right. No attacks of vertigo, but great sleepiness. Noises as before. *Aurum mur.* 3, two drops every four hours.

June 10.—Is very much better as regards hearing in the left ear. Hears ordinary low-toned conversation now. No vertigo. Tuning-fork tests show those forks which could not be heard before, either by air or bone conduction, can now be heard in both ears for a

few seconds. Repeat aurum and nux vomica 3, one drop occasionally for constipation.

January 1, 1896.—Patient returned and reported that the improvement in hearing noticed at last visit had been maintained, and he had no attacks of vertigo up to three weeks ago, when he had rather a severe one. This was repeated two days ago. He had not taken any medicine for three months. Examination of hearing power showed similar results to those stated in preceding note. Repeat aurum. The patient was seen again in July last, when he reported that he heard well and had only had one slight attack of giddiness since last visit. He had continued the last prescription for one month only. I noticed that for conversational purposes he used only his left ear, the right not hearing the spoken voice distinctly.

Spigelia.—This is another remedy whose action on the internal ear, or, more correctly speaking, on the auditory nerve, is somewhat similar to, though scarcely so penetrating as aurum, and which should be thought of in treating nerve cases with vertiginous symptoms. I am indebted for this hint to Dr. Houghton of New York, in whose book on "Clinical Otology"* reference to a case of auditory nerve disease cured with this remedy will be found.

The ciliary neuralgia caused by this drug is well known to all, and its symptoms indicate that it produces a true neuritis. It seems also to bring about a peculiar sensitiveness of the nerve centres. The sense of hearing is exalted, and it is possible that the vertigo noticed in some of the provings is due to a similar action on the centre of equilibration, rendering slight stimuli sufficient to cause an energetic response. It should further be noticed that it is liable to cause catarrh of the naso-pharyngeal mucous membrane, and thus favour the occurrence of intra-tympanic inflammation.

Pilocarpine.—For some time past I have been using this drug somewhat extensively in aural cases. Politzer was the first to recommend it in serous exudations into the tympanic or labyrinthine cavities. He administered it hypodermically in $\frac{1}{12}$ grain doses, gradually increased

to $\frac{1}{4}$ grain. By this means its physiological effects were produced (profuse diaphoresis and some prostration). It is of undoubted value in some cases, and it has been shown that to produce its beneficial effects its administration by the mouth is sufficient. I have tried it in both middle and inner ear diseases with mixed benefit. In some it gave not only increased hearing, but also marked relief to tinnitus; but I have no notes of its having relieved vertigo, though there is good reason to expect such a result in suitable cases. In one very obstinate case of sclerotic middle ear catarrh with secondary labyrinthine disease, but without vertigo (a condition of affairs in which the drug is usually considered to be contra-indicated), it caused marked improvement, though in many others of a similar nature it completely failed. In this particular instance, as was pointed out to me by Dr. C. E. Wheeler, my clinical assistant, a leading symptom before its administration was excessive sweating, which is interesting from a homœopathic standpoint.

The dose I usually prescribe is two grains of the 2x trituration of the nitrate of the alkaloid.

Quinine.—As is well known, quinine in large doses produces well-marked aural symptoms which closely resemble those of Ménière's disease. In poisonous doses it causes paralysis of the vaso-motor centre, dilation of the arterioles ensuing. It is to the increased flow of blood to the labyrinth, thus brought about, that I believe we may attribute the aural symptoms, for ergot, which by its influence on the vessels has a distinctly opposing action, causes their suppression. Quinine and salicylic acid are closely allied in the mode of action, and are distinctly indicated, both upon pathological as well as symptomatic grounds, in true Ménière's disease, and of their value in such we have ample confirmation from old school sources. In simple congestive state of the tympanum and labyrinth, with slight vertigo and tinnitus, they are of signal use, and their selection in individual cases must be made by taking into account concomitant symptoms.

Hydrobromic Acid.—My experience with this drug is very small. It was first introduced to the profession by Dr. Woakes, who considered that its action was opposed to that of quinine, and that it had a specific effect upon

the inferior cervical ganglion, increasing the tonic action of the sympathetic, and thus promoting vaso-constriction. He found it gave great relief to headache, tinnitus, and vertigo when given in doses of 20 minims, especially in cases of vaso-motor disturbances of stomach origin. Dr. Winslow,* of Pittsburgh, made a proving of this drug on himself, taking a few drops at intervals during the day until half a drachm had been swallowed. Dryness and puckering of the throat were produced, followed by a feeling of constriction in the pharynx and chest. It seemed as though he were about to have asthma, but the breathing continued uninterrupted and rhythmical. The head and face were hot, the brain had a dull ache, and waves of heat rushed over the face and neck, but the skin did not show any increase of vascularity. A decided ringing, non-pulsating tinnitus with slight vertigo on moving the head up or down followed later on in the day. The heart beats were accelerated, and there was some palpitation, and the arms had a dragging heaviness and dull aching which made them seem as though they were not part of the body. He likened the sensations to those produced by a too free use of tobacco. Next day some irritability of the stomach and heart and heaviness of the arm remained, but by the third day pathognomic symptoms had disappeared. He reports that its use in cases of tinnitus, nervousness, and cerebral strain in drop doses every three hours had been successful in his practice.

The above symptoms show that the drug certainly influences the circulation of the head, neck, and arms—that is, the parts whose vaso-motor nerves are derived from the cervical sympathetic. As before stated, the upper limb receives its nerves from this source, and it is known that venous congestion of any part, such as is brought about by dilated arterioles (vaso-dilation), owing to the pressure exerted on the nerves by the dilated vasa-nervorum, will cause symptoms of perversion of function in the affected parts; such symptoms—we have it on the authority of Woakes himself—being mainly sensations of heaviness, dragging, and dull aching.

* "The Human Ear and its Diseases," p. 457.

It is therefore interesting to note that in the later part of the above proving these identical symptoms occurred, which makes it seem likely that, although the primary effect of the drug may be, as Woakes states, antagonistic to quinine, viz., that of a sympathetic stimulant, if we may use such a term, its secondary or late effect may be exactly the reverse.

There is nothing very improbable in this, as it can be abundantly proved that the majority of stimulants produce secondary depression.

Under these circumstances, hydrobromic acid is not very far from being homœopathic to vertigo, having its origin in reflex labyrinthine vaso-dilation.

Cocaine and Tabacum.—I have had practically no experience of the use of the latter of these two drugs in the treatment of vertigo, and I have only used the former on a few occasions, and then with negative results; but I should like to say a few words here concerning their action.

Both these remedies exert an influence upon the sympathetic system, especially upon the cervical ganglia. We have already seen that Dr. Winslow compared the symptoms produced by hydrobromic acid with those of tobacco poisoning, and any one acquainted with the provings of cocaine will be struck by a similar likeness. The first symptoms noticed are usually the peculiar sense of constriction of the throat, and feeling as though asthma were impending; and the later labyrinthine and other symptoms likewise correspond.

There can be no doubt that the primary action of cocaine on the unstriated muscles (which are mainly supplied by the sympathetic system) is one of stimulation, as is shown by its action on the eye. Here it not only causes dilation of the pupil (the evidence of which is equivocal, as we are not in a position to say whether dilation of the pupil is brought about by the action of a true dilator, or is the result of a relaxing or inhibitory influence of the sympathetic on the contractor muscle; an action having a counterpart in the accelerator and inhibitory influence on the heart of the sympathetic and vagus nerves respectively), but we also find that it causes enlargement of the pupillary aperture, owing to the contraction of the involuntary muscle of Muller in the lids, and some amount of protrusion of

the globe from contraction of the unstriated muscle covering the spheno-maxillary fissure. The secondary effect of cocaine is, however, one of intense depression and vaso-motor paralysis, causing feelings of weariness, fulness of the head, slight deafness, singing in the ears, giddiness, and much restlessness.

We see, then, that there are several drugs which are homœopathic to the condition of vaso-motor paralysis, which is, as we have seen, a common cause of Ménière's symptoms, and I think that they would repay a careful study. Of their provings we have many excellent examples; but what we most need is the narration of cases cured by their means, and I shall feel that this paper has not been written in vain if it arouses the interest of my colleagues in some medicines which in my opinion have been hitherto insufficiently used for purposes of treatment.

CLINICAL OBSERVATIONS.

By JOHN M'LACHLAN, M.D., F.R.C.S.

Odontalgia.—Bell.

A. P., a cook, came to me complaining that she had had no sleep for three weeks, on account of "neuralgia." It came on every night very soon after she went to bed—between 10 and 11 o'clock—and lasted up to 3 or 4 o'clock in the morning. The pain was on the *left* side just in front of the ear, *i.e.*, over the 3rd, or inferior maxillary division of the 5th nerve, and the trouble had begun three weeks before in a carious tooth in the lower jaw. The pain, though constant, was not of equal violence throughout, but had periods of greater and lesser intensity. When the pain was intense she noticed that her mouth was "rather moist." She was quite free from pain by day. On examination the socket of the tooth seemed free from inflammation, as firm pressure, or a smart tap on the top of the tooth, did not cause pain, *i.e.*, there was no *peri-cementitis*, as dentists call it, the inflammation in all probability beginning in the pulp cavity, and then spreading back along the 5th nerve, giving rise to the "neuralgia." This neuralgia often persists for a long time, even after all pain has

disappeared from the tooth itself. I gave her a powder of bell. 200 to dissolve and sip every half-hour, for some hours before she went to bed, and told her to come back next day and tell me what sort of night she had passed. Her report next day was that she had had several hours comfortable sleep—a very much better night than she had passed for three weeks, and was consequently very much delighted. The report, however, was scarcely satisfactory to *me*, as in my opinion, had both the drug and potency been perfectly suitable to her case, the pain should have entirely disappeared, even though it had been there for the previous three weeks. I therefore gave her a powder of bell. 1,000 at once on her tongue (this was between 2 and 3 o'clock in the afternoon), and two powders of the same to dissolve and sip in case the pain came on at the usual time, and four powders of sac. lac. to dissolve and take a dose of every two hours or so, as long as she was free from pain. I did not see her again for 11 days, and then she told me that the powder I had given her last did much more good than the previous one; that she had a *very* sharp attack, lasting from 10 to 15 minutes, just after she went home from her last visit, but since that time she has had no more pain.

In using bell. 1,000 for toothache, I have on many other occasions noticed this short, sharp aggravation shortly after beginning to take the medicine, and more especially if it be begun just before the belladonna hours of aggravation, *i.e.*, 3 o'clock in the afternoon and 11 o'clock at night, but then, as a rule, immediately after that (as in the above case) the pain entirely disappears, and does not return. I have not noticed a similar aggravation in potencies below 1,000. I began at first by using the 12th and 30th potencies for toothache, but have gradually ascended, for two reasons—(1) the relief is much more *prompt* when one uses the higher potencies; (2) the “cure” is much more *permanent* (two very important facts from the *patient's* point of view), though the tooth may go on decaying just as before, yet the pain does not return. At the same time I always advise patients to have all useless stumps removed. The following are a few of the special features of the belladonna toothache.

1. There is great sensitiveness to touch.

2. Amelioration from warmth, aggravation from cold.
3. Swelling of the gum (if present) tends to ride up and cover the diseased tooth.
4. Frequently a *sour* taste in the mouth.
5. Pains come on suddenly, remain for a certain time, and may then disappear just as suddenly as they came. As I said before, the *pulp cavity* seems to be the part specially affected in the first instance—"the burning, throbbing misery of inflammation of the dental pulp."—(Hughes).
6. The periods of worst aggravation, 11 p.m. and 3 p.m., and very often, as in the above case, it is only troublesome at *night*, not during the day.

Odontalgia.—Merc.

C. J. sent for me to visit him as the pain was too severe for him to venture out. He complained of pain in the second lower molar of the left side; the tooth had been stopped some years previously, but otherwise seemed sound. The fangs, he said, felt *red-hot*, the pain was continuous, and the least pressure on the top of the tooth caused excruciating agony. The upper edge of the gum around the tooth was very red, and tended to recede, or fall away, from the tooth; there was also a whitish edge to the inflamed gum—often present in cases where mercury is indicated. The saliva was markedly increased. Here we had to do with a case of *peri-cementitis*, or *alveolo-dental periostitis*, in a stopped tooth. The medicines most likely to be of service in such a case are mercurius, hepar, lachesis, and silica. For the case in question I sent a powder merc. sol. 30, to be dissolved in half a tumblerful of water, and a dessert spoonful dose to be taken every fifteen or twenty minutes. The pain at once began to subside after the first dose, and in about half-an-hour was entirely gone. That is my usual experience in cases of toothache, by the time the third dose is reached the pain has disappeared.

In regard to the toothache likely to be benefited by merc., note:—

1. That the gums tend to recede from the inflamed tooth—probably because there is usually marked *peri-cementitis* in this form of toothache; further, the gum is very red, with a milky white line near the free edge, and bleeds very easily.

2. The odour from the mouth is usually very foetid.

3. The taste is also foul, or sweet and slimy.

It would be well worth one's while to compare bell. and merc. in their application to toothache, for they are, perhaps, the two remedies most frequently required in that form of disease, at least in Great Britain—though Jahr gives cham. the first place. In both merc. and bell. we find—

1. *Painful swelling* of the gum, but in bell. the swelling tends to overlap the tooth, or it may take the form of "exuberant granulations" sprouting from the pulp cavity, just as one sometimes finds in osteo-myelitis following amputations, or in septic compound fracture of the skull, giving rise to hernia cerebri. This form of toothache may be regarded as a septic inflammation of the medullary cavity of the tooth, an osteo-myelitis. On the other hand, in the case of merc., the swelling of the gum tends to recede from the tooth, the alveolo-dental periosteum being swollen and softened, resembling acute periostitis of a long bone; further, in addition to the swelling, the edge of the gum is whitish, and the swollen tissue easily bleeds. The tooth, further, feels as if it were too long, because the swollen periosteum pushes it up out of its socket somewhat.

2. *Salivation* is common to both, though usually most marked in and most characteristic of cases indicating mercury.

3. Both have unpleasant taste in the mouth. In bell. this is usually of a sour nature, while in merc. it is more often sweet or slimy, and a foul odour is more characteristic of merc.

In this variety of toothache, especially if accompanied with swelled face, I have tried both merc. sol. and merc. viv., but the former has always seemed the more effectual.

Odontalgia.—Coffea.

I was sent for in a great hurry to visit T. S., who was suffering from severe toothache. I found him sitting with a decanter of cold water on his knee, and another decanter by his side; every minute or so he would fill his mouth with cold water, keep it there till it began to get warm, and then empty it into the other decanter beside him. Had I been as conversant with *clinical*

materia medica as I ought to have been, that action alone would have been enough to tell me in no uncertain voice the indicated remedy. It was well nigh impossible to get any information from him as to the nature of the pain, &c., as he could not keep his mouth empty of cold water long enough to give me any connected account of himself. If he tried to do so he would break off suddenly in the middle of a sentence and fill his mouth with cold water, and if he did not do this he would writhe, and twist, and turn in all directions, apparently in the greatest agony. So far as I could gather, the pain was on the left side, affected the left ear; it was tearing in character, and with it there was a burning sensation all over the head. It was worse when he was *hungry*, and eating seemed to relieve it, or rather it was relieved after the food was in the stomach. Warm food and drink in the mouth caused great aggravation. There was great intolerance of pain. The stump affected was in the lower jaw, it was level with the gum, and looked just as if a tooth had been broken off level with the gum, but so far as I could see there was no appearance of caries, and it was not in the least tender to touch or pressure or tapping. On account of the great intolerance to pain, I, on the "spur" of the moment, put some chamomilla 30 into his decanter of cold water—a very stupid thing to do. I may say, in passing, that the "spur" of the moment is not a very safe foundation on which to build a prescription. I waited a little while to watch the effect of the cham., but the pain did not seem to subside in the least, so I mixed some coffea tosta 30 (I would have used coff. crud. if I had had it in a proper potency) in a *tumbler* of cold water, and told him that if the pain did not subside in half an hour to get *another* decanter to hold his cold water, and then take a dose of the coff. tost., every fifteen minutes till the pain subsided. He told me the following day that the cham. was useless, the pain growing worse all the time he was using it, so that he began the coff. tost. soon after I left, and after three doses the pain was gone and he had fallen asleep. The pain did not return again.

Some time afterwards, while looking through Vol. V. of the *American Homœopathic Review*, I found an account of a series of similar cases reported by Dr. E. M.

Hale. The first "case" stated that he had ridden about 12 miles to reach the Dr. (Dr. Blair, of Ohio, with whom Dr. Hale was at that time a student of medicine), and the only relief he got was from holding cold water in his mouth. The instant the water became warm the pain was renewed. He had carried a jug of water with him during his drive, replenishing it at farm houses along the route! Dr. Blair prescribed a single dose of *coffea* 3, a single drop. In 20 or 30 minutes the pain abated, and in an hour it had ceased altogether. Dr. Hale then describes two cases similar of his own, one cured by *coffea* 3, and the other by *coffea* 200 (Lehrmann's), in both cases the pains disappearing in from 30 to 40 minutes.

In all the above cases the characteristic indication was that the *pain was relieved by cold water*, and the colder the better, but as soon as the water began to get warm the pain returned. Along with this (as in my own case) there was *marked restlessness and intolerance of pain*. One would very much like to know how this valuable characteristic indication ("relieved by cold water") was first discovered, for as far as I know the symptom is *not* found in any pathogenesis of *coffea*, nor anything pointing to it, even in the most remote manner.

Vomiting of Pregnancy.—Ipecac.

One morning I received the following letter from an old friend and fellow-student, now doing a good practice in Edinburgh:—

"My dear McLachlan,—You will be surprised to receive a letter from me. . . . I am sorry to say my wife is not at all well, being prostrate once more with the sickness of pregnancy. This is now the fourth time (including one miscarriage), and it is the worst. She is just two months gone, and has been in bed for three weeks quite helpless. Could you not suggest something? . . . It seems to me, however, that nothing short of emptying the uterus will do any good. Her liver seems also out of sorts, the tongue furred, and motions "bilious." She ekes out a most miserable existence, vomiting everything she takes and feeling nausea *all* the time. She longs for night to come, so that she may have sleep. We fed her by the bowel,

also giving bromide, but the rectum was too irritable for this to be continued. If you could send something that would even relieve her, she and I would for ever bless you."

I discovered later that "saliva runs out of her mouth during retching, and that she had no desire for anything except ice." The one characteristic indication in the above description is *the feeling of nausea all the time* (my friend himself underlined the "all"), and this, according to Dr. H. N. Guernsey, is one of the special "keynotes" for the use of *ippecac*. I wrote to my friend, telling him of how little importance mere *names* of diseases were to me, and how all-important were minute symptomological details for each individual case, no matter by what *name* soever it might be called, but that, trusting to one characteristic symptom in his letter, I enclosed a powder (*ippecac*. 30). It was to be dissolved in half a tumblerful of water, a teaspoonful of the solution to be given at once, and every half-hour if necessary, but as soon as there was the slightest improvement it was to be stopped and not given again as long as the improvement lasted.

Sept. 6th.—"I cannot thank you enough for your kind letter and enclosed powder, for we really think you seem to have hit the nail on the head in spite of the distance and absence of details. On Sunday last she had no sickness all day, and kept quiet in bed, but was afraid to move out of one position. That was the first day for three weeks she had not been retching and vomiting—but it only lasted the one day. This week she has been as bad as ever, and it is no wonder she became exceedingly depressed. Every bit of her is sore with the strain of vomiting everything she partook of, which, of course, has been of the lightest. Dr. — (naming a well-known gynecologist) who has been seeing her from time to time, seemed at his wits' end, and told me to give bismuth, rhubarb, and soda to try and clean the tongue (last week he said never mind the tongue). Well, I waited till after breakfast this morning," (the morning my powder of *ippecac*. 30 arrived), "and as the palpitation and then the nausea commenced about ten minutes after breakfast we administered the first dose of the powder. The nausea at *once* began to diminish, and has kept away all day. We repeated the dose, however, for safety

(!), and she has been sitting up getting the bed made, and, although extremely weak, has not felt sick. The tongue is also cleaner than I have seen it for weeks. The only other medicine to-day was a bismuth, rhubarb and soda powder before breakfast, prior to the receipt of your letter. Dr. — telephoned to ask about her to-day, and when he heard of the improvement said he was convinced these cases were always neurotic!! To-night she is just feeling 'so tired and done,' but blesses you for removing the nausea. Bowels have moved twice to-day. I shall be glad to hear from you again, and would like to know what is in the powder and the rationale of its working."

September 10th.—"Thanks for yours received this morning with enclosed powders. The nausea and sickness having remained away since administering the first dose on Friday, we have not repeated it so frequently and the last dose was given this morning. Is it necessary to continue giving it? Dr.— telephoned last night to ask for her on his return from the country, so when I said she was better, he as usual asked what was found most beneficial. I made a clean breast of it and he took it very well—he remembers you nicely and is exceedingly interested. I told him I had written to ask what was in the powder, as he said be sure and let him know; to-night he asks again, and thinks you should be straight and tell us all about it. He is deeply interested in it, having seen my wife at her worst. Why not come and start in Edinburgh? My wife says she would advise every body she knows to go to you."

September 17th.—"There has been no further sickness, and the powder has not been repeated. Curiously enough in her first pregnancy, when I was at my wits end what to try, I gave her drop doses of ipecac. wine but it did no good." (In my previous letter I told him the name of the medicine and the strength of the dose. The professor of midwifery at Edinburgh always mentions in his lectures small doses of ipecac. as a possible remedy for the vomiting of pregnancy. I believe his uncle and predecessor, Sir J. Y. Simpson, did the same). "It was very good of you to write so fully on the subject. I wish you were nearer so that we could talk the matter over. 'Seeing is believing,' but *I would like to see some more cases cured*, and then, perhaps, there is no

saying what I might do. Why not be a heretic or an outcast for the truth's sake?"

In reply to this I said that there was as much difference between drop doses of ipecac. wine and the ipecac. I sent, as there was between a bar of steel and a finely finished razor—they were both steel, but that there the likeness ceased.

October 3rd.—“Dr. ——— was here for the first time yesterday, and has been teasing her about being a ‘faith-cure.’ He, like myself, is anxious for another case *similar* to try another similar powder on, so please let me have other two like the powder first sent.”

As a sad commentary on the above, I would just like to add, “Neither will they be persuaded though one rose from the dead.”

Acute Parenchymatous Nephritis—“Acute Bright’s Disease.”—Arsen.

I was asked to visit a boy aged 13 years, who, it was said, had a “cold” with pain behind the sternum and a short dry cough. He himself complains of his heart beating. I may say at once that this is a case in which I did not specially “shine,” but I hope it may be the means of inducing others to always make a complete and thorough physical examination. On my first visit I prescribed bryon. 30. Next day the pains in the chest had disappeared. The heart puzzled me very much, it was slow, and strong, but every 4 or 5 beats seemed as if it partly missed a stroke. It was a kind of “stumbling action”—like some giant marching, it took 3 or 4 very powerful majestic steps, and then it seemed as if the giant’s toe had caught against something so as to make him stumble forward somewhat; then the balance was regained and the whole thing done over again. So powerful was the beat that it shook the boy and the bed on which he lay, raising up the bed clothes at each beat. There was no fever. I also discovered that he was very fond of football and cricket, and I wondered whether the hypertrophy of heart might not be due to excessive physical exertion, although he seemed too young for that affection. At any rate I left arnica 30 (and determined to keep arsenium in mind as being a likely medicine). For the next day or two there was no real improve-

ment, and I felt that I had not nearly got to the "bottom" of the trouble yet. In the meantime he had had a bad "bilious" attack, and the cough had returned. The mother said that his face seemed puffy, especially under the eyes (I believe she had said the same thing some days before, but not having seen the boy in his natural state I did not take much notice of the remark—the boy being quite a stranger to me till the present illness). Now not only was there œdema under the eyes but there was also marked œdema of the ankles. The medicines now in my mind were apis and arsen., but before prescribing either I asked for a specimen of his urine, and I found that there was about one-half albumen, and, having regard to the state of the heart, the œdema and the albumen, I left arsen. 30 in water, a dose to be given every three hours. The effect was very marked—he "flooded" the bed three or four times the night after he got the first dose of arsen., and for many nights afterwards—indeed, it was some weeks before he was very "safe" at night, wetting the bed in spite of himself, though not previously in the habit of so doing. Things improved very rapidly now, the œdema disappeared, the heart's action became natural again in a very short time, and in the course of six weeks the urine was quite free from albumen, and has remained so ever since. I found out afterwards that about ten days before I was called to visit him he had been out one damp afternoon watching a game of football, and that the illness seemed to commence about that time. Up to this time I had associated hypertrophy of the heart in cases of Bright's disease only with the chronic forms of that affection, especially *chronic interstitial nephritis* ("granular degeneration"), with its accompanying *arterio-capillary fibrosis*, or cases of *interstitial nephritis secondary* to acute tubal nephritis; but the above case seems to me to show that we may have hypertrophy of the heart (or at least all the physical signs of such) even *early in course of acute Bright's disease*, when at least there could be no doubt as to the *absence* of arterio-capillary fibrosis—which is regarded as the chief cause of the hypertrophy in chronic interstitial nephritis. This ignorance on my part may have been due to my own inherent stupidity, and it may be that every other member of the profession

except myself knew it all the time. The presence of the hypertrophy of the heart in this case seemed to me to be an additional reason for selecting arsenic as the curative agent, for in some cases of poisoning by arsenic leading to changes in the kidney (at least in the case of animals) the heart has been found hypertrophied (see Quaglio's Cases in Vol. I. of the *Cyclopædia of Drug Pathogenesis*, p. 462, No. 12). I regret very much now that I did not secure a pulse tracing of this case.

Oxford.

A NUX MOSCHATA CASE.

By ANDREW M. NEATBY, L.R.C.P. & S., Ed.

Mrs. G., æt. 30, 18th June, 1896. Has suffered for many years "from prolapsus uteri." The trouble is constantly brought on by exertion even of trifling character. A comparatively short walk is enough to cause a "descent of the womb."* She had worn two ring pessaries, but had discontinued their use as she was unable to retain them. They came out with every motion. She suffers from constant pain in the back below the waist, and from a dragging pain from the shoulders downwards. The pain is worse just before each period, but there is no pain during the period. She has no bearing down sensation. The period is sometimes seven days too soon, and sometimes fourteen days too late, and is occasionally profuse. She frequently has a troublesome leucorrhœa for a week before the period. There is an occasional headache right through the temples just anterior to the ears. She complains also of pain at the back of the neck. She sleeps well, but gets drowsy by about nine p.m. She has long suffered from palpitation, which is worse on exertion or on going to bed. There are no dyspeptic symptoms; no "globus" or faintness; but sometimes numbness of fingers.

Nux moschata 4x, ʒiii. ter.

* I made no examination. Prolapsus uteri was the diagnosis given by the patient's former adviser. Her own account of what occurred was that a tumour like an orange appeared externally, and that a discharge issued from it.

25th June. Says she is not nearly so languid, and is in better spirits. Her sleep refreshes her better, and she suffers less from palpitation. The dragging pain from the shoulders is less. Continue.

29th June. Feels more equal to exertion. "Things are not such a trouble." Continue.

13th July. Has been free from the prolapse since beginning the medicine. Yesterday had some trouble with the pain in the upper part of the back. The pain over the sacral region is better.

Nux moschata 30, pil. iii. ter.

20th July. Altogether much better. Feels very little of the pains in the back, and nothing of the pain in the neck. Has entirely lost the nervous restless feeling she had. Has much less palpitation but still some headache. The leucorrhœa has disappeared. There has been no return of the prolapse, though the patient has frequently made such exertion as always formerly sufficed to bring it on. The last period came on prematurely.

Nux moschata 30, p. iii. n. and m.

27th July. Feels better in every way. Is in better spirits and not so easily tired. No pain in the back. Headache much better. There has been no return of the prolapse, but has had a very slight, irritating leucorrhœa. Continue.

4th August. Describes herself as better than she has been for a great many years. The leucorrhœa is better. She is free from the pain in the back and continues entirely free from the prolapse, though working harder than when she was constantly suffering from it.

No local treatment has been adopted in this case. There has been no change of air or rest of any kind. During the treatment the patient's circumstances have been getting more and more trying.

I directed her to take the same medicine once a day and discontinued my attendance.

Remarks.—One leading indication for nux moschata was the *variableness* which characterised the menstruation. Farrington (*Clin. Mat. Med.*, p. 111) has noted the changeable character of the nervous symptoms of this drug. A variable humour is also recorded under nux m. in the *Cyclopædia* (iii. 417, 423). It is further observable in the *Cyclopædia* poisonings, that in many of the cases recorded the drug was taken under the im-

pression that it was valuable in the treatment of various uterine troubles, such as delayed, arrested, or profuse menstruation, and leucorrhœa. Case 13, on p. 425, seems to show a marked action on the uterus and ovaries. A similar action is observable in Case 14, though there it is less striking.

On p. 416 of the *Cyclopædia* (vol. 3) there are two provings, in one of which menstruation was premature, while in the other it was delayed. In the latter, when menstruation was due there was only a slimy discharge. It will be observed that in my case the period was preceded by leucorrhœa.

Drowsiness, lassitude and palpitation occur repeatedly in the *Cyclopædia* under *nux moschata*.

Irregularity as to time and quantity is noted by Lilienthal (*Hom. Therap.*, p. 733) as being characteristic of *nux moschata*. The same author refers (p. 673) to this remedy under leucorrhœa in connection with prolapsus, and palpitation.

The remaining symptoms will be found substantially in *Jahr*.

P.S.—The patient was seen again on the 17th of September. She continues free from the prolapse, and says she has enjoyed better health the last two months than she had known for eight years previously. She has just overtaxed her strength very imprudently, but has done so with impunity except for natural fatigue and a return of the pain so slight as not to be compared with what she formerly suffered. Menstruation is now regular.

A CASE OF MAMMARY TUMOUR OF UNUSUAL COURSE, COMPLICATED WITH SPINAL DISEASE.

By GERARD SMITH, M.R.C.S., L.S.A.

THE following sketch of the course of an unusual case may interest the readers of the *Homœopathic Review*.

The patient is a single woman, 36 years of age; she consulted me in January, 1895, with the following history:—Ten years ago her right breast was removed for a "hard, small tumour," which had commenced to give lancinating pain, and to which the skin was adherent and the nipple attached and retracted; unfortunately I can obtain no further description of this

growth ; she had begun to get thin at that time, but not excessively so ; there were no axillary enlarged glands.

Her condition at the time she came to me was that the whole of the very small left breast was involved in an extremely hard, nodulated growth ; the nipple was adherent and retracted, the skin adherent over the whole area, and the growth was also adherent to the subjacent structures ; there was a considerable mass of hard enlarged glands in the axilla, and an enlarged gland behind the clavicle, whilst there were scattered around the central growth several isolated hard nodules, all adherent to the skin, which was discoloured and blueish.

She suffered from shooting pains in the neck and arm, she was rapidly getting thin and weak, and the whole aspect was one of the emaciation and anæmia of malignant disease, whilst the growth itself appeared to possess all the characteristics of mammary scirrhus. She refused even to consider the question of operation, which, indeed, I was not inclined strongly to advise, seeing her general condition.

She was at once ordered arsenic 3x and hydrastis 3x alternately, two five drop doses of each in the day, and this treatment was kept to steadily for the rest of the illness up to the present time. Not to occupy undue space, I will merely state that during the year 1895 this patient travelled the usual slow and painful road of emaciation and increase of the growth, with the addition of more axillary glands and secondary nodules, these latter joining the central growth, which spread outwards, involving the skin, but did not fungate or attain much increased thickness after all the mammary glandular tissue had been involved. The growth remained extremely hard.

In January, 1896, she appeared to be rapidly giving way, extremely emaciated, with dry, yellow skin, and great exhaustion, presenting, in fact, all the appearances of approaching death, and in this state she remained for about two more months, but not growing worse ; if anything, she took rather more food, and the growth ceased to show any advance or other change.

In March of this year the patient entered upon a fresh series of sufferings ; she had extremely severe radiating intercostal pain, great gastric pain not increased by food, shooting pains over the front and

sides of the abdomen and down the front and inner aspects of the thighs; a large acute atrophic slough, much deeper than an ordinary bedsore, formed rapidly within three days over the sacrum, (she was excellently nursed). The temperature rose every night to 102° , subsiding in the day to about 99° . She suffered with involuntary startings of the thighs, and was quite unable to move herself in bed. The patellar reflex was greatly increased, and ankle clonus marked in both legs. Every attempt at moving her caused extreme agony, chiefly in the areas affected by the neuralgic pains, but now also in the lumbar region; the erector muscles in this part being hard and rigid.

In May there came a series of sudden rises of temperature. No rigor was noticed, and she appeared to be moribund, with hectic fever, and extreme exhaustion; it was indeed astonishing that she had so far survived.

A very marked change now came over the mammary growth; it commenced to disappear, the nodules became flattened, the isolated secondary nodules rapidly melted away; the axillary glands could no more be felt, and this change continued unimpeded through the subsequent course of her illness; the sacral slough quickly healed. During the summer she became paraplegic, the motor nerves being only affected, the sensory unaffected; the paralysis was absolute, but the patient commenced to gain strength and flesh; the temperature rose only a very little—not more than one degree each night, falling to normal, or nearly so, in the day time.

Up to this point, those who had seen her were of opinion that she was suffering from secondary malignant disease of the vertebræ, and that the paraplegia and other symptoms were due to pressure and inflammatory action at the roots of the spinal nerves. In this opinion I quite agreed, though the idea of spinal caries had been in my mind for some weeks. The apparent absorption of the mammary growth was, however, a great surprise, and puzzled everyone; whilst the indubitable improvement in the patient's general condition made us hesitate upon our diagnosis. Had there been no previous mammary disease (and that apparently scirrhus cancer), probably the diagnosis of spinal caries would have been made at once.

Within the last three months a marked lateral

curvature of the lumbar spine has appeared, antero-posterior deformity being probably prevented by the recumbent position she constantly keeps; and there can be no doubt that there is destruction of the bodies of several lumbar vertebræ going on. The paraplegia is rapidly disappearing, the reflexes are nearly normal, and, though still very feeble, my patient is immensely improved in health, is gaining weight, free from pain, while the mammary growth is still (though more slowly) improving. In many places the skin has resumed the normal state over areas which were occupied by the diseased growth.

She has now been fitted with a good rigid spinal appliance, and can sit up in bed, though the paralysis is still too great to permit her to get on her feet. Arsenic and hydrastis have still been continued, though many intercurrent remedies have been needed for various symptoms.

On the whole, it appears that I have now to deal with a clear case of spinal caries (there are now evidences of a right psoas abscess), and the mammary growth and the diagnosis of secondary cancer are both occupying far less of anxious attention than before.

I cannot yet persuade my patient to permit the excision of a small piece of the growth for examination, and the dread she has of such a proceeding is so great that in her present condition I fear to press the matter; but it would seem that this mammary disease is probably of a tuberculous nature, in spite of the extreme hardness and other characteristics resembling scirrhus cancer. The other alternative is that this is a case of true scirrhus cancer of the breast, which is disappearing either spontaneously, or under the influence of arsenic and hydrastis. This latter supposition I hesitate to accept, having always felt we are better served in the long run by a "healthy scepticism" than by a too-confident claim to have cured by medicines an apparently hopeless disease.

Nevertheless, I would greatly wish to believe this explanation of the facts, and I leave the question with your readers. I am sure that the case, however sketchy has been my description of it, is one of the greatest importance and interest.

37, Gloucester Place, W.

CONSULTATION DAY, LONDON HOMŒOPATHIC
HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

(Continued from page 501.)

THE fourth series of consultation days will commence on November 6th, at three o'clock, in the board room of the hospital. The consultations will be held on the *first and third Fridays* in each month from November to June. Medical men having cases of interest, either from rarity, difficulty of diagnosis, or needing suggestions as to treatment, are requested to send particulars of the same to the Hon. Sec. not later than the Tuesday preceding the consultation day, so that the cases may be included in the list.

CASE XXXV.—*Spasmodic Torticollis*.

This case was shown by Dr. Goldsbrough.

The patient, E.P., female, aged 48, was a teacher. She had lived for some years in Russia, but latterly she had not had enough work to employ her mind.

Personal history. Patient had measles in early infancy. She has since then never been strong, especially during the last few years, when she had been subject to loose evacuations of the bowels directly after meals. Her menstruations commenced at sixteen. At 19-20 she had an attack of insanity, since when she had been fairly well. Catamenia ceased in December, 1895, having previously been very irregular and at times excessive and of long duration. In February, 1896, when much worried she caught cold and soon noticed that she could not keep her head still on the pillow. This difficulty increased after a time, and gradually spasms of the head and neck ensued. The head being jerked backwards and to the left side, with much pain in the nape of the neck and chest.

Present state. Patient was in a very nervous, excited and distressed condition. The spasms were very violent and consisted of constant jerking rotation of the face to the left side, and occasionally of the head backwards. Lying down seemed impossible. When lying on her right side the jerking to the left was very violent; when lying on the left side the face was continually being

bored into the pillow. Attracting her attention seemed to moderate somewhat the violence of the spasm.

Dr. Goldsbrough had at first given ignatia 30 every two hours in the day and chamomilla at night, which after three days much reduced the severity of the spasms, so that patient could at times keep her head still, with the exception of the lateral tremulous movement. At night, after a good deal of effort, she was able to sleep for two or three hours. Afterwards the spasms increased very much in violence, and she was put on strychn. phosph. 6 in the day and hyoscyamine 3x gtt. ii. at night.

The spasms were always worse in damp weather and when sitting in a draught.

At the consultation the patient was considered to be highly neurotic, and it was thought doubtful if medicinal treatment would be of much service. It was advised that the strychn. phosph. should be continued, in conjunction with Turkish baths and hydropathy.

CASE XXXVI.—*Ascending Neuritis of the Arm.*

Mr. James Johnstone brought up this interesting case from his clinic. The history of the case was briefly as follows:—

O. C., aged 40, book keeper, had good health, except dyspepsia, until December 14th, 1894, when she crushed the top of the second finger in the street door. The finger was much cut and bruised. She was treated by her local medical man until April, 1895, when the finger became half flexed and useless. The nerve was found to be injured, also the muscle. In May the finger was amputated to save the rest of hand. The remaining fingers became flexed. In July the remaining fingers were straightened under gas at the West London Hospital, and placed on a splint. On the splint being removed the fingers became flexed again. In October the fingers were again straightened under gas and a splint applied. Hand became painful and the general health weakly. Massage was employed for nine weeks without success, also hot air baths for one month at St. Bartholomew's, but without success, in fact the disease increased.

In April, 1896, at St. Bartholomew's, Mr. Willett dissected down on the dorsum of the hand and stretched the nerve, but without any relief being gained.

At the consultation, besides the pain in the arm there was pain in the left breast and scapula, which was thought to show that the neuritis was beginning to descend and involve other nerves and that the brachial plexus was implicated. The thumb was free; the index finger was tender. Pronation and supination were present, but abduction and adduction absent. The ulna and median nerves were evidently involved. The patient herself wished to have her arm amputated, but this extreme measure was not thought advisable. Mr. Gerard Smith thought electricity would relieve the pain. He also advised plumbum, arsenicum and hypericum. Dr. C. Wolston also advised arsenicum, and Dr. Lambert that hypericum should be given.

CASE XXXVII.—*Intra-Cranial Tumour.*

Dr. Roberson Day brought this patient down from Barton Ward, where he was admitted on June 9th, 1896, with the following history:—

J. S., aged 3 years, father and mother healthy; ten other children living and in good health.

Patient had always had good health until last Easter Monday, when after a "day out" he came home and was sick. He was admitted for sickness and vertigo.

On June 15th. Double optic neuritis was discovered and was confirmed by Mr. Knox Shaw on the 17th.

On June 25. The unsteadiness in walking, which had been previously noticed, was increasing. Both knee-jerks were present and exaggerated, especially the right. Dr. Day remarked that the noteworthy features in the case were—the absence of other symptoms, such as headache, and the vomiting which was only very occasional. Patient was generally found playing with his toys. He ate and slept well.

He had been taking ars. iod. 3x gr. i., on the supposition that some tubercular growth was the cause of the trouble. There were no symptoms of paralysis by which to localize the lesion.

It was thought at the consultation that the symptoms were due to concussion of the spine from a fall, and that strychnine 5—30 might be of service.

CASE XXXVIII.—*Hereditary ataxia.*

Dr. Roberson Day also showed this case, which was admitted into Barton Ward on June 4th.

C. L., æt 4 years. Father aged 38, good health ; mother, aged 32, also well ; three elder children all healthy. No history of paralysis in the family.

Patient had had measles, varicella, whooping cough, mumps and eczema. He had always been backward in walking and talking.

On admission he was found to have inco-ordination of the upper limbs as well as an ataxic gait and a shaking movement of the head. The knee jerks at first were obtained with difficulty ; then they were present on both sides and later they were again absent. The control of the bladder and rectum was normal. The eyes were examined with the ophthalmoscope and found normal. He had eaten and slept well and was mentally quick but had only walked within the last six months. He had been taking gels. 1x ter die.

At the consultation, there was well marked staggering, a slight nodding jerk ; when his eyes were bandaged he fell backwards ; the knee jerks were entirely absent, and there was rigidity of the calf muscles. There was neither optic neuritis nor nystagmus.

Dr. Galley thought the child microcephalic. Mr. Gerard Smith considered the case one of congenital want of co-ordination. As the muscles were normal it was difficult to say where the lesion was situated.

REVIEWS.

A Compend of the Principles of Homœopathy as taught by Hahnemann, and Verified by a Century of Clinical Application, by WM. BOERICKE, M.D. San Francisco : Boericke & Runyon. 1896.

“UNTIL quite recently the tendency of modern homœopathy was to bend its energies perhaps too exclusively upon the acquisition of the facts yielding immediate results, while neglecting to some extent the study of the underlying principles. With neglect of the study of homœopathic institutes came coquetry with old school methods, and the alluring adoption of modern palliatives and mechanical therapeutics, leading unquestionably to deterioration of our distinctive practice.” If these words of Dr. W. Boericke’s preface are true they form a somewhat serious indictment. And we should be sorry to have imposed upon us the task of proving that there is not in them at least a very large element of truth. Granting for the moment their accuracy, the

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the session was held at the London Homœopathic Hospital on Thursday, October 1st, at 8 o'clock. The President, Dr. Madden, was in the chair.

To commemorate the fifth International Homœopathic Congress held in London in August last, the following gentlemen were elected corresponding members of the Society:—Dr. Bushrod James, Philadelphia; Dr. McClelland, Pittsburgh; Dr. Walter Wesselhœft, Cambridge; Dr. Norton, New York; Dr. Van Lennep, Philadelphia; Dr. James Wood, Cleveland; Dr. Brasol, St. Petersburg; Dr. Von Dittman, St. Petersburg; Dr. Villers, Dresden; Dr. Cartier, Paris; Dr. Gailliard, Brussels; Dr. Hansen, Copenhagen; Dr. Bonino, Turin; Dr. Bojanus, Samara,

The President then delivered his introductory address, entitled, *Our Debt to Hahnemann, and How we can Best Repay it: with Special Reference to Our Own and Kindred Societies*. After thanking the Society for the honour it had conferred upon him, he said that he considered that we owed many debts to Hahnemann; first, for his introduction of that great law of drug selection—*similia similibus curentur*; next, for its corollary that to obtain the best results in practice it is necessary to give the medicine in a dose that is smaller than will produce its physiological effect. He considered that we were again indebted to Hahnemann for a higher percentage of cures, a lower death rate, and a speedier convalescence amongst our patients. To repay this debt we must *first* extend the knowledge and acceptance of his teaching among the practitioners of medicine; *second*, extend that same knowledge and acceptance among the public; and, *third*, perfect the practice of homœopathy as left to us by the master, until, if possible, there shall be no diseased state left to which we shall not be able to find an appropriate similimum capable of doing all that drugs can effect towards cure or relief. Much has already been accomplished in all three directions. Dr. Pope showed in his presidential address at the International Congress that the medical profession have already accepted a great part of Hahnemann's teaching. Dr. Madden considered the existence of so much crypto-homœopathy as evidence of this. He considered that to convince the public needed an increase in our adherents in the profession and in the numbers of our public hospitals and dispensaries. The President then pointed out the needs for the perfection of the practice of homœopathy, saying that first we must learn in what cases it is

necessary to use drugs at all. Then we need modern methods of pathological examination applied to the re-proving of drugs. He considered the Cypher Repertory needed completion, and a want was an up-to-date work on therapeutics from our standpoint. He considered that it was to our Societies that we must chiefly look for the work of completing the art of Homœopathy; and it therefore became the chief duty of all who have accepted, and daily benefit by, the gift of Hahnemann, to join the Homœopathic Society, whether the parent society or a local one, and do his share of the work necessary to accomplish the object in view. He considered the paper of Dr. Wilkinson on "The Influence of Certain Drugs on the Excretion of Uric Acid in the Urine," read last year, as being exactly in a line with the direction he wished to point out. To the British Homœopathic Society and the American Institute of Homœopathy we owe the *Cyclopædia of Drug Pathogenesis*. As further evidence of the need of a powerful society, he said that from time to time there are certain to arise questions in Parliament and elsewhere in which our interests, if not our very existence, may be at stake; and that in such a case that the strength and influence of our society would be in exact proportion to its numerical strength. He emphasised the fact that it was not by any means purely hypothetical that the need for united action may arise. The present temper of the majority of the medical professional is still antagonistic to and intolerant of homœopathy. In conclusion, he said every argument then of duty requires us to join and work in some Homœopathic Society, whereby we may be enabled to repay some portion of our debt to Hahnemann; while self-interest, if not even self-preservation, the first law of nature, requires us to join the parent society, so as to make it as strong as possible to guard those interests.

NOTABILIA.

THE CONGRESS FINANCES.

WE earnestly direct the attention of our readers to the letter of Dr. Hughes on another page. It is quite probable that, in most instances, the omission to contribute is simply due to an oversight, and that the reminder we publish will bring a ready response. Possibly it did not occur to some that they could be members of the Congress *in absentia*. Such, however, is the case, and those who were unable to contribute to the success of the Congress by their bodily presence will still have the opportunity of doing so by their pecuniary aid. The

request for names for the "Transactions" was made at a time when most of our readers were on holiday, and many were probably unaware that the subscription paid did not cover the "Transactions." Very few of us have memories, which, in such matters, carry five years. Perhaps on another similar occasion the permanent secretary would advise the fixing of a stated subscription to cover all the responsibilities of the members, and secure a margin by guarantees from members most interested and most able to contribute. In such matters experience is the best guide for their management; and experience accumulates only slowly as to quinquennial congresses.

THE PROPAGANDA OF HOMŒOPATHY.

OUR attention has been drawn, during the past month, to *The New Review* for August, in which is an interesting article by our colleague Dr. Carfrae, entitled, *The Drift of Modern Medicine*, the aim of which is to show that, during the last thirty years, medicine has made great advances, and that it has done so chiefly—so far as the cure of disease is concerned—by the adoption of specific remedies, which are shown to have been homœopathic to the diseases in which they have proved to be curative. Dr. Carfrae finds his text in the now well-known passage in the late Sir George Humphrey's (not as he is described in *The New Review*, "Sir George Humphrey Murray,") address at the Oxford Medical Society, a year ago, referring to vaccination. * He shows the value of specific remedies, by pointing to the diminished mortality in ague, since the discovery of Cinchona Bark as a means of curing this disease; concluding, from this demonstration, that "if such results as these are achieved by the discovery of *one* specific, how incalculable the benefits to mankind, if we could 'specifierize' (to coin a word) indefinitely, in the case, for instance, of such deadly diseases as hydrophobia, cholera and diphtheria! I claim," he continues, "that Hahnemann did actually discover such a rule, the rule, 'Similia Similibus Curentur.' . . . I do not propose here to examine in detail all the valuable additions to our Materia Medica which have resulted from the application of this rule by Hahnemann and his followers, but to confine myself to the discoveries of our own day which most remarkably confirm its truth." He then refers to Pasteur's treatment of rabies, and to Sir James Paget's statement, contained in an article by him on the life and works of Pasteur, that "its success is certain"; to the treatment of diphtheria by Behren's antitoxin

* Monthly Homœopathic Review, June, 1896, p. 330, and Sept. p. 521.

serum, the value of which is vouched for by the report of the Metropolitan Asylum Board, as "a remedy of distinctly greater value in the treatment of diphtheria than any other with which we are acquainted"; and, thirdly, to the "attention which has lately been given to the study of snake poisons, especially by Professor Fraser, of Edinburgh, who thinks they may prove valuable as therapeutic agents. But," writes Dr. Carfrae, "Hahnemann discovered this quite half a century ago. And in 1837, Dr. Constantine Hering, one of Hahnemann's most distinguished disciples, published a book containing a full collection of the phenomena of snake-bites, as recorded by earlier authors. These phenomena, of course—from his point of view—afforded valuable indications for curative action. Dr. John W. Hayward, another Hahnemannian, has since published perhaps the most complete work of reference on the *Crotalus Horridus* in any language. Speaking of the action of the poison of the rattlesnake in cases of cholera, he says: 'The sudden and extreme coldness and blueness (which follow from the serpent's bite) the collapse, choleraic state, cramps and diarrhoea and vomiting; embarrassed respiration, scarcely perceptible pulse, suppression of urine, and sudden death or consecutive fever, afford very strong evidence in favour of the use of crotalus in many cases of at least sporadic if not true Asiatic Cholera, and it will certainly be indicated when the attack has resulted from septic influences. The following case, which appears in the *Medical Age*, will be of some interest in this connection:—A. L. Sandall, M.B., Municipal Commissioner, Calcutta, late Medical Officer to the Local Government, Bengal, declares that the empirical practitioner in India has wonderful success in combating the ravages of cholera. Case after case given up by the faculty as hopeless, is successfully treated by him. I managed to elicit the fact that the powerful agent employed (subcutaneously) was a tincture, of which the *poison of the cobra* formed the sole base. Later, I discovered a woman in possession of a small supply of the tincture, and her success in treating cholera cases was, on a smaller scale, as striking as his. I could not help reviewing the astonishing fact that many eminent men of this city repeatedly found in their practice that cases of cholera given up by them as hopeless were cured, provided a certain charlatan was called in and permitted to inoculate his mysterious counter-poison. Yet no one felt himself palled upon to investigate the subject. I am prepared to avouch, on the honour of a medical man, my thorough conviction of the repeatedly successful treatment of hopeless cases of cholera by the inoculation of the sufferer with cobra-venom.'

Papers such as this of Dr. Carfrae's, published in a literary magazine, are most useful in drawing attention to homœopathy and presenting good and sufficient reasons for enquiring into the therapeutic method it represented, and the results of carrying it into practice. Appearing in a popular journal, read by persons who would not understand and, therefore, not appreciate exact phraseology, the pabulum presented in Dr. Carfrae's paper is "milk," rather than "meat," and, therefore, criticism may be regarded as out of place. At the same time we can, in this *Review*, hardly pass altogether unnoticed the 2nd point in Dr. Carfrae's concluding paragraph, when he says, that the advance made in medicine in our day "is due to the discovery of specific remedies in particular diseases." This is hardly accurate. The advance in medicine is in reality due to the practical working out of a rule by which specific remedies may be found for *individual* cases of particular diseases. For example, in the illustration adduced by Dr. Carfrae, of Ague, he says of quinine and arsenic, "we know that one or other of these remedies, if carefully selected according to the indications for its use will speedily cut short the natural course of the disease, and that without crisis or evacuation of any kind." This is true of the majority of cases of ague, but certainly not of all. For we know, from the experience of physicians residing in districts and countries where intermittent fever is common, that in some instances these two drugs are useless, and that in cases where they are so such medicines as Eupatorium, Cedron, Ipecacuanha, and others are specific. The knowledge of the cases in which either medicine will prove specific is acquired by a careful working out of the rule *Similia Similibus Curentur* in each instance. One of, if not the most important secret of success in applying remedies for the cure of disease consists in the power of individualising the therapeutic requirements of each case.

The value also of anti-toxin in diphtheria is still *sub judice*, and it has yet to be shown that as a curative agent is of equal value or of anything like equal value with the cyanide of mercury, the pathogenetic effects of which are so closely similar to the vast majority of cases of diphtheria, at any rate to those of a severe type, while the success which has followed its use has been abundantly demonstrated.

That the "Drift of Modern Medicine" is increasingly, as, in an address bearing the same title delivered before the British Homœopathic Society in 1869, it was shown to be then, in the direction of homœopathy, Dr. Carfrae has clearly established, and we trust that he may find his reward in seeing the number of enquirers into its value added to by the study of his paper.

THE EXTINCTION OF HOMŒOPATHY!

IN *The Practitioner* for October, Mr. Malcolm Morris, in a biographical sketch of the late Sir James Simpson, written in connection with an interesting account of anæsthesia, of the discovery of which for any practical purpose, this year is the jubilee, we are informed that, in "a monograph entitled *Homœopathy; its Tenets and Tendencies*," Sir James, "in Mr. Gladstone's famous phrase, 'smashed, shattered, and pulverised,' the Hahnemannian heresy." This event occurred in 1853; and, though we are now nearing the end of 1896, this is the first time we have heard that homœopathy had been obliterated so completely as this very comprehensive phrase seems to imply that it has been. We have, indeed, been assured on many occasions that it was "dying." But Mr. Malcolm Morris has all the credit (such as it is) of assuring us that it was "smashed, shattered, and pulverised" by Sir James Simpson forty-three years ago! On the contrary, having had the opportunity of watching its progress in professional and public opinion during each of these years, so far from having observed any evidence of this smashing, shattering and pulverisation, we have witnessed a slow but constant appreciation of its value as a source of therapeutic power of the highest order, taking place. Forty-three years ago the London Homœopathic Hospital was housed in a private dwelling in Golden Square, carrying on a limited but useful work amid all the difficulties and disabilities incident to the performances of hospital duties in a building very imperfectly capable of being adapted to hospital purposes. We now see it doing its work in a building erected at a cost of nearly £50,000, fitted more perfectly for its purpose than any other hospital in London! It is, as the *Revue Homœopathique Belge* describes it, after a personal examination during the recent International Congress, "un véritable monument élevé pour la gloire de l'homœopathie."

The British Homœopathic Society 43 years since had barely fifty members, to-day the number is considerably over two hundred, while at each monthly meeting fresh applications for membership are received.

This *Review* did not appear until three years after the smashing, shattering and pulverising operation had been completed, and when it did so it was not only far smaller in size than it is now, but it was with difficulty that material was found to fill it. By additional paper, and by alteration in type, etc., it is now nearly double the size that it was when it first appeared in 1856.

During those 43 years the therapeutic works of Ringer, Bartholow, Brunton, Bruce and others have appeared, giving

abundant evidence that homœopathy, so far from having been smashed, shattered and pulverised, have demonstrated that its practical results are year by year being increasingly absorbed into the therapeutics of the day.

And lastly, the International Homœopathic Congress held so lately in London, affords ample evidence that "Dr. Simpson, President of the Royal College of Physicians, with all the weight of a 'European Reputation' in his arm, and all the strength of colleges and societies and hordes of 'free companions' at his back, intent on destroying us root and branch, and careless of the weapons he employed if they seemed but fitted for his purpose," utterly failed to have any but the most insignificant influence upon the progress of homœopathy. The reports of this progress, which were presented from the different countries of the world, were sufficiently conclusive upon this point. While the President's address showed, with sufficient fulness, how extensively the therapeutic principles set forth by Hahnemann in 1796 pervade the therapeutic teaching of our own time.

Such a book as that of the late Professor Simpson, referred to by *The Practitioner*, one in which "*ipse dixit*ism stands for argument"; in which the tone pervading it was one of "the grossest insincerity"; one in which "a taint of dishonesty runs throughout," could not possibly have much influence even though it came from the pen of the bellicose Professor of Midwifery in the University of Edinburgh.

One effect it did have, and that was the only one that was complete, it produced a reply from Professor Henderson, which is one of the most brilliant and unanswerable pieces of controversial writing, and as interesting withal, as we have ever met with—*Homœopathy Fairly Represented in reply to Dr. Simpson's "Homœopathy" Misrepresented*. In this *Dr. Simpson's Homœopathy; its Tenets and Tendencies* was in very truth "smashed, shattered, and pulverised." Homœopathy was and remains unaffected by it. The field for smashing, &c., it is still open and likely to be so.

WANTED: AN ENGLISH EDUCATION!

"ESPECIALLY is it desirable that we insist that young men and women who desire to engage in study with us should have a good English education, at least. No one better than a journalist knows our present weakness in this direction. Only recently we received a communication and pamphlet from a physician, announcing himself as a graduate of two of our best colleges, whose illiteracy stood out painfully prominent throughout his printed document proclaiming the

merits of *similia similibus* 'curanter' over 'alleopathy.' Day by day we receive letters for publication and articles for these columns which have to be re-dressed to save the author and this journal from disgrace if admitted. In the ordinary run of editorial and business correspondence we receive letters from writers who modestly speak of themselves as 'i,' and whose grammar and rhetoric are equally unostentatious. And not alone from members of our profession do letters of this kind come. In the course of the year scores, even hundreds, of letters are received from old school sources, and these, too, are caricatures upon the English language in no inconsiderable number of instances. In our college experience, within a year we were shocked to learn of the number of men and women who had been received at both old school and homœopathic colleges, who bore certificates of attendance of one or more terms, whose orthography was wretched and whose grammar was vile. There can be no excuse for a one-course student in these days spelling os 'oss,' clots 'clotts,' ligatures 'ligaters,' cat-gut 'cat-gutt,' veins 'veans,' and so on *ad infinitum*, *ad nauseum*, *ad disgustum*: yet this was a daily experience at the opening of the college term. Shame on the college which will admit students so ill-prepared to enter upon the study of a high-class profession, and shame on the preceptor who will accept such a student in his office! The time has gone by for this character of timber. Let us, as preceptors, do our duty in this regard, and let the colleges turn down every young man and young woman, and old one, too, for that matter, who is not reasonably equipped in the rudiments of a general education."—*Medical Century*, August 1st, 1896.

ANÆSTHESIA.

WHILE medicine has abundant reason for regarding the year 1896 as one recalling most precious memories, inasmuch as it is the centenary of the introduction of vaccination, which has provided a means that has saved a greater amount of human life than any single therapeutic measure, and of the demonstration of the principle of drug selection—*similia similibus curentur*—which constitutes the basis of all scientific drug therapeutics. Surgery is equally entitled to congratulate herself on the fact that this same year is the jubilee of the discovery of the introduction of anæsthesia during operations, and the consequent abolition of pain in the patient undergoing them. It is to the conviction that means could be found to destroy sensibility to pain in operations on the teeth which

had impressed itself on the mind of Dr. William Thomas Green Morton, a successful dentist in Boston, U.S.A., and to his determination to discover such means, that surgery is indebted for the knowledge that anæsthesia can be safely induced, and the surgeon enabled to proceed with an operation amid perfect silence, and with a degree of care and deliberation previously impossible; while the sufferer from some serious injury, or from a mortal disease which nothing but surgical interference will relieve, is, to the discovery of Dr. Morton, equally indebted that he is able to contemplate a severe operation without the slightest fear of pain during its performance. How great was the boon thus conferred upon humanity none, save those who operated or witnessed operations in the pre-anæsthetic period, can imagine.

To arrive at sound conclusions as to his convictions on the subject, Morton experimented on himself with various substances, inhaling ether, and etherised opium or morphia. His first experiment with ether for surgical purposes was with a fowl. Having etherised the bird he cut off the comb, without its giving a sign of suffering. Similar experiments on other animals resulted satisfactorily. Then on the 30th September, 1846, he writes:—"Taking my tube and flask, I shut myself in my room, seated myself in the operating chair, and commenced inhaling. I found the ether so strong that it partially suffocated me, but produced no decided effect. I then saturated my handkerchief and inhaled it from that. I looked at my watch and soon lost consciousness; as I recovered I felt a numbness in my limbs and a sensation like nightmare, and would have given the world for some one to come and arouse me. I thought for a moment I should die in that state, and that the world would only pity or ridicule my folly. At length I felt a slight tingling of the blood in the end of my third finger, and made an effort to press it with my thumb but without success. At a second effort I touched it but there seemed to be no sensation. I gradually raised my arm and pinched my thigh, but I could see that the sensation was imperfect. I attempted to rise from my chair, but fell back. I immediately looked at my watch, and found that I had been insensible between seven and eight minutes."

Within a short time Morton called on Dr. J. Collins Warren, the senior surgeon of the Massachusetts General Hospital, and asked for an opportunity of testing his mode of rendering an operation painless. "Warren," writes the editor of *The Practitioner*, "having made enquiries as to the method proposed and its freedom from danger, invited Morton to put it to the test on Friday, October 16th. On the eventful morning a large number of doctors assembled in the theatre-

Morton was somewhat late, having been detained by some difficulty in getting a suitable inhaler. The spectators, sceptical enough to begin with, not unnaturally became more so when it appeared as if the champion of the new invention dared not show his face in the lists. When fifteen minutes had elapsed, Dr. Warren said, with significant emphasis, "As Dr. Morton has not yet arrived, I presume that he is otherwise engaged." The remark was followed by a derisive laugh, and Warren was on the point of commencing the operation when Morton entered the theatre. His reception was the reverse of encouraging, and Warren said to him coldly, 'Well, sir, your patient is ready.' The young dentist proceeded to administer the ether, and in a few minutes the patient was unconscious, whereupon Morton said quietly to Warren, 'Your patient is ready, sir.' The surgeon's knife did not awaken the patient from the deep sleep into which he had been cast, and the spectators looked on with wonder deepening into stupefaction. When the operation was over, Dr. Warren said, in a solemn tone, 'Gentlemen, this is no humbug!' With this cautious, and indeed cold expression, was the first demonstration that a surgical operation could be performed without causing the patient the slightest pain successfully concluded!"

On the 19th of December, 1846, anæsthesia induced by ether was first employed in London to prevent the pain incidental to the extraction of a molar tooth, and "on December 22nd Robert Liston amputated a limb under ether in University College Hospital, and so intense was the emotion of the great surgeon on the occasion that he could hardly speak. The administrator was Dr. William Squire, who is still happily with us."

The articles on anæsthesia in *The Practitioner* for October, from which we have compiled the foregoing account of the introduction of anæsthesia, are full of interest and instruction, and bring out with much clearness and fulness the debt of gratitude with which surgeons and surgical patients should remember the Boston dentist, on whose monument in Mount Auburn Cemetery, near Boston, is the following inscription, from the pen of the late Dr. Jacob Bigelow, one of the greatest of American surgeons:—

WILLIAM T. G. MORTON,

Inventor and Revealer of Anæsthetic Inhalation,
By Whom Pain in Surgery was Averted and Annulled.
Before Whom, in all time Surgery was Agony,
Since Whom Science has Control of Pain.

“GOD’S LOFTY OAK.”

EARLY in the present year the California State Homœopathic Medical Society celebrated its jubilee. The Hahnemannian Oration on that occasion was delivered by Dr. H. R. Arndt, some of whose remarks we append.

“A babe is born in some cottage; a child comes to some palace. Who can know the strength, energy, the far-reaching forces wrapped up in either? Each will live, grow, do his part; love, hate; suffer, enjoy; build up, destroy; shed peace or misery; work deeds of kindness or of malice—who can tell which? After many years, when those eyes have closed for ever, Divine Justice passes judgment upon the lives swept from the shore of time into the vast ocean of eternity by the majestic, irresistible, ever in-drawing undertow of death. Frail mortals seek to grasp the mystery, but their tear-laden eyes can only imperfectly reflect the light of truth, and their troubled hearts are too full of sorrow to hold a just conception of the mystery of it all. But a thought is born in some cottage; possibly it comes to some palace. It lives, grows, expands; it breasts opposing forces, never daunted by the dread of coming death, for it knows no death or cessation of things; it is ceaselessly active; leavenlike it permeates everywhere, grasps all problems, solves all difficulties. Generations of men have passed away—of men who were witnesses of the birth of the thought, yet neither knew of its existence nor the import of its meaning; nations are born and sink out of sight; the *thought* lives on and on, waiting for the reaping of its full fruition at the dawn of the hereafter.

“Sickness and suffering have afflicted man from the beginning. In every home *ever* built *for* man and occupied *by* man, disease has dwelt ever-present, withering, blasting, disfiguring, killing. The “Balm of Gilead” that should cure disease and soothe suffering was sought in vain. Priests prayed for it to gods figured of stone, and they did not answer. Wise men wrought incantations, and they were unfruitful. Men learned in the lore of heavenly bodies asked help of the stars, but these remained cold and glittering and silent. Physicians arose, and combined all in one the worship of the gods, the superstitious practices of their age, and the empirical facts handed down from the forefathers, adding to them a more or less intelligent and systematic study of nature. Yet all were alike in the dark, and equally at fault in that they looked into the far distance for such truths as were lying at their feet. Humanity waited, and waited long, and finally grew weary of hoping, settling down to the belief that the Balm of Healing is a fable, and that

pain and sickness were sent to be borne as a burden that should not be lifted.

“ In a far-off country beyond the great sea a physician lived and worked. He had entered upon life with great aspirations, with dreams of the exalted destiny of the profession for which he had carefully prepared himself, full of pride in the nobility of that calling which finds its daily employment in the relief of pain and sickness. His youth had been passed in hard toil and self-denying labours. Disappointments had come thick and fast, chief of these a keen realisation of the uselessness of the medical teaching of his day and of the futility of the methods of treatment of the sick then in vogue. The sick had asked of the profession bread, and they had received a stone, and—the pity of it!—the stone was all the profession had to give. This physician was a man of learning, of profound depth of conviction, of firm religious faith, and, above all, a man of indomitable energy. His life was one sanctified by the clear perception of a duty devolving upon him, and the full determination to discharge this duty, cost what it may. Unceasing endeavour, unflagging determination to solve the problem he had set before him took complete possession of him. The outcome of it was that in the year 1796 there was born and thrust into the world, mothered by the dire necessity of humanity and sired by the creative power of the man, Samuel Hahnemann, the great thought which to exalt and celebrate we have met to-night. God is goodness itself, and *has* provided means to relieve the suffering and disease in His children. These means lie all about us. The sick-making properties of a drug indicate the symptoms in the sick which it is able to cure.

“ The announcement of this proposition was in due time followed by severe attacks upon it, based upon philosophic and scientific grounds, and soon resulted in such bitterness of controversy that no medical man who desired to remain in touch with existing medical organizations dared avow faith in or even respect for any phase of Hahnemann's teaching. Hence the existence to-day of the so-called homœopathic school of medicine. Hahnemann himself had full faith in the soundness of his teaching and in its eventual general acceptance by the profession at large. This faith he expressed in these words: ‘ Our art needs no political lever, no worldly badges of honour, in order to become a power. Amid all the rank and unsightly weeds that flourish round about it, it grows gradually from a small acorn to a slender tree. Already its lofty summit overtops the rank vegetation around it. Only have patience. It strikes its root deep underground, gains strength imperceptibly, but all the more

surely, and in due time will grow up into a lofty God's Oak, stretching its great arms, that no longer bend to the storm, far away into all the regions of the earth, and mankind, who hitherto have been tormented, will be refreshed under its beneficent shadow." Hahnemann was a true prophet. "God's lofty oak," rooted a century ago in Germany, does to-day "stretch its great arms, that no longer bend to the storm, far into the regions of the earth," and the nations of the earth, who were "hitherto tormented," are indeed "refreshed under its beneficent shadow."

NITRATE OF URANIUM.

SOME of our readers have doubtless noticed a fresh communication from Dr. Samuel West on the treatment of diabetes by uranium nitricum. It appears in the *British Medical Journal* for the 19th of September last. Dr. West records five cases. In three of these improvement took place, while in one the patient is believed to have died, and in the fifth the drug proved a failure. Our own opinion is that, if this case was one to which the remedy was homœopathic, the cause of the failure is to be found in the dose. If Dr. West will use the drug only in cases to which it is homœopathic, and then in the 3rd decimal and higher dilutions, we can promise him better results. We must, however, congratulate Dr. West on having reached a very important stage in his homœopathic education. He has learned that the drug "cannot be relied upon to produce equally good results in cases indiscriminately." Indeed, it cannot; and it is well for his patients that Dr. West has learned this. Nearly all the "scientific" pilfering from our literature has led to failure from want of apprehension of this most important point. But what is Dr. West to do for those cases that he cannot benefit with uranium nitricum? We strongly urge him, now that he has made so excellent a beginning, to pursue his homœopathic studies further, and we feel sure that the more carefully and strongly he does so the more successful he will be.

DR. W. A. DEWEY.

ONE of the well-known American visitors to the recent International Congress in London was Dr. W. A. Dewey, then of New York. Many of our readers probably met him, and will be interested to learn that Dr. Dewey has been appointed to the chair of Materia Medica in the University of Michigan at Ann Arbor, where he will now reside.

INTUBATION OF THE LARYNX.

IN a paper read by Dr. E. J. Cole, of Baltimore, some remarks are made on this subject which appear to be the result of practical experience. For this reason we think them worthy of quotation. He says :—

“I do not wish to convey the impression that I would advocate this measure to the exclusion of the indicated remedy, but when the proper remedy and all other measures of relief have been tried and you find your patient steadily growing worse, until the symptoms become so alarming that death seems imminent from strangulation which you are powerless to relieve, then it is *right here* that intubation is of untold value, and I know of no other measure which will so promptly snatch the little one from the ‘jaws of death.’

“Some of the symptoms calling for this measure are supra-sternal and epigastric retraction, progressive dyspnœa and a feeble or absent vesicular murmur at the posterior and inferior portions of the lungs. Do not wait until the child is exhausted or cyanosed. Even in hopeless cases the dyspnœa is almost always relieved by the introduction of the tube, and although in my earlier cases I was anxious to make a good record for intubation, I allowed no child to die of laryngeal obstruction, but inserted the tube to relieve suffering without regard to the hopeless condition of the patient.

“Dr. Waxham, formerly of Chicago, who has intubated several hundred cases, says intubation is so practical and successful an operation that he believes it to be a duty the medical profession at large owe to the public, that at least one physician in every village, town, and city throughout the land ‘should possess the necessary instruments, pluck and skill to successfully perform this operation.’

“The procedure is as follows: The first thing is the selection of the proper tube. It is a safe rule to select the largest tube that can be introduced, as it is most likely to be retained. A silk thread about sixteen inches in length is passed through the little hole in the tube, the intubator screwed into the introducer and fitted into the tube. Now wrap the child in a blanket and place it in the lap of an assistant who should sit in a straight-backed chair and hold the child upright; grasping it firmly by the arms, while a second assistant stands behind and holds the head securely. The position of the child should be as though suspended by the top of the head.

“The gag is introduced into the left side of the mouth, well back between the jaws, and held by the second assistant.

“The operator hooks the thread over his little finger, inserts the index finger of his left hand, elevates the epiglottis

and directs the tube into the larynx. As the point of the instrument passes over the epiglottis the handle of the instrument is quickly elevated, so that the tube may go down at right angles and not pass into the œsophagus. As soon as the tube has passed the larynx, the introducer is removed and the tube pressed into place by the finger. As respiration practically ceases from the time the finger is introduced until the operation is completed, the necessity for quickness of action is evident. On this account it is safer to make several attempts to place the tube than to persist for any length of time in a single attempt. Entrance into the larynx is usually announced by excessive coughing and improved respiration. After waiting for a few moments to be assured of the position of the tube, the index finger is again pressed down upon the head of the tube to steady it while the thread is withdrawn.

“After the proper placing of the tube, coughing will be peculiar, there being no tone to it, and the patient can only talk in a whisper. Whenever the contrary is the case you may know that the tube is not in the larynx.

“In some cases it is necessary to remove the tube occasionally, in order to cleanse it and thoroughly spray out the throat and larynx, after which it is again replaced. When extracting the tube the patient is held in the same way as when introducing it. You will find it fully as difficult to remove as to introduce. The orifice of the tube being still smaller than that of the larynx, makes it difficult to find. The left index finger finds the head of the tube and guides the extractor into place. Firm pressure with the thumb is then made upon the lever above the handle while the tube is withdrawn.

“The greatest preventable danger following the operation is from detachment of membrane below the tube, and for this reason the patient should be carefully watched and the physician should be on the alert to detect signs of this danger. The hoarse or squeaking cough, or the flapping of membrane below the tube, are indications that should never be passed unheeded. The tube under these circumstances should at once be removed, when the offending membrane will generally be expelled. In this manner membranous casts of the whole trachea, and even of the larger bronchial tubes, are sometimes obtained.

“As I have never resorted to intubation unless the condition of the child was such that recovery seemed impossible without surgical interference, I have seen terrible pictures of suffering in these cases. They present every appearance of strangulation—face livid, lips blue and the eyes seem bulging from their sockets; the stridor of croup can be heard all over the house; the child is bathed in perspiration and tosses

about the bed, clutching the throat as if to tear it open, and crying piteously for help.

“ But if the membrane has not invaded the bronchial tubes, the introduction of the tube into the larynx is alway followed by marked relief, the same as in tracheotomy under similar conditions.”

“ The symptoms of strangulation immediately subside, the terrible stridor is changed into almost noiseless breathing, the child usually falls into a quiet sleep, and death is stayed for a time at least.

“ From this time on we must give careful attention to the respiration. It will be of greater importance to us than the temperature or pulse. It may now be from twenty-five to thirty per minute. Physician and family are encouraged and think the worst is over. But perhaps within twenty-four hours it becomes more rapid and laboured, increasing from sixty to ninety or more per minute. Now, what does this tell us? Either that our case is complicated with pneumonia or that the membrane has extended into the smaller bronchial tubes. The latter is attended by rapid respiration and dry (sometimes mixed with moist) bronchial râles. There is lacking the dulness on percussion, the bronchial respiration and crepitant râles so characteristic of pneumonia. These are extremely bad symptoms, and usually mean death to our patient. It is best not to give any encouragement as to final results for the first forty-eight hours after intubation, but if at the end of this time we find that there has been no increase in respiration and that the child has slept fairly well, the prospects for an ultimate recovery are very good indeed.

It is, I think, generally conceded that the most common cause of death after intubation, as well as after tracheotomy, is from the extension of false membrane into the bronchial tubes.”—*Southern Journal of Homœopathy*.

RESULT OF AN ACTION FOR MAL-PRACTICE IN THE U.S.A.

FROM time to time during the past two years or more mention has been made in these columns of judgments rendered against Dr. L. H. Willard, of the Homœopathic Hospital of Pittsburgh, in mal-practice suits brought by an inmate of that hospital, the last reference to this subject recording a judgment of twelve thousand dollars against Dr. Willard and the appealing by him to a higher court from the verdict of the jury and court below. A final verdict has been rendered by the Supreme Court of Pennsylvania in the case, in which the

judgment given against the appellant has been reversed and the case thrown out of court, so that it will not be possible for the recipient of Dr. Willard's well-directed charity to again institute proceedings against him.

The original suit was for \$10,000. Upon the first trial a judgment of \$5,500 was given by the jury. A new trial was granted, the jury disagreeing. A third trial resulted in the rendering of a verdict for \$12,000, or \$2,000 more than the amount sued for. The judge refused to grant a new trial but cut the judgment down to \$4,000. From this decision Dr. Willard made appeal to the Supreme Court, with the result above stated, a result the entire profession will be glad has been found, not only because of their sympathy with the appellant but because the principles at stake are of interest to us all, and because the language of the court will stand almost every practitioner sued for malpractice in the future in good stead.

The plaintiff, a man by the name of Richards, had a leg injured and was taken to the hospital for treatment. Dr. Willard, the surgeon on duty at the time, treated it properly. The patient left the hospital without Dr. Willard's consent and against his advice. Subsequently he fell into the hands of an out-of-town physician of an opposing school, upon whose suggestion that the leg had been fractured and improperly treated the suit was brought. Dr. Willard had ten able and conscientious physicians and surgeons testify in the case, all agreeing that his treatment had been proper. The other side had two less competent and learned physicians testify for them, and the jury took their word against the larger number of acknowledgedly better and more experienced specialists.

In rendering its judgment the Supreme Court of Pennsylvania voices its opinion in part in the following suggestive and ever-to-be-remembered language:—

“ It must not be overlooked that the medical and surgical service rendered by the defendant to the plaintiff was entirely gratuitous, the defendant receiving therefor no compensation of any kind. For many years Dr. Willard had been rendering such service to the hospital to which the patient was brought after receiving his injury. He was one of a corps of physicians who, from motives of benevolence and charity, contribute, as they do in many other cities and towns, their time, their skill, their labour and their most valuable and humane services in relief of the sick and suffering of their race. If such gentlemen are to be harassed with actions for damage when they do not happen to cure a patient, and are to incur the hazard of having their estates swept away from them by the verdicts of irresponsible juries, who, caring nothing for

the law, nothing for evidence, or plain teachings of common sense, chose to gratify their prejudices or their passions by plundering their fellow citizens in the forms of law, it may well be doubted whether our hospitals and other charitable institutions will be able to obtain the valuable and gratuitous services of unselfish and charitable men."—*The Medical Century*.

CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Will you allow me to bring before our colleagues the financial position of the late Congress?

In 1881 an appeal for guinea subscriptions towards expenses brought responses from 181 homœopathic practitioners, besides 7 from chemists and other friends of our cause, making a total amount of £183 8s. We were able to meet all needs and to hand over a balance towards the cost of publishing the Transactions.

Anticipating a similar response this year, we fixed the subscription at the same amount. Only 108 of our men, however, have availed themselves of the privilege of providing for the expenses of the Congress of 1896, and no extra donations have been made. The result is that (as you announced last month), only £113 8s. has been received by the treasurer, while the outlay he has had to meet has amounted to £119 7s. 8d., leaving the Congress £5 19s. 4d. in his debt. I trust that some half dozen of those who have not hitherto subscribed will do so now without delay, and enable us to square our accounts.

I would also say a few words about the Transactions. Very little response has been made to my appeal for subscriptions which you kindly inserted two months ago, and which has appeared also in the *Homœopathic World* and two of the leading American journals. I have at the present date only about 90 names on my list, while 300 at least will be required to defray the expenses of printing. I hope that all whose eye this may meet will come forward, if they have not already done so, with a subscription. The volume is nearly through the press and may be expected in November.

I am, Gentlemen, yours very faithfully,

RICHARD HUGHES.

BRIGHTON, October 19, 1896.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

ERRATUM.—In our August number, in reviewing Dr. M. Custis' *Manual of Practice*, we assumed that the author was also the President elect of the American Institute of Homœopathy. We find this is an error; the new President is Dr. J. G. B. Custis.

Communications have been received from Dr. STONHAM, Mr. GERARD SMITH, Dr. EPPS, Mr. KNOX SHAW (London); Dr. C. H. BLACKLEY (Southport); Dr. HAYWARD (Birkenhead); Dr. DEWEY (Ann Arbor); Messrs. BOERICKE & RUNYON (San Francisco).

BOOKS RECEIVED.

A Compend of the Principles of Homœopathy as Taught by Hahnemann, and Verified by a Century of Clinical Application. By William Boericke, M.D. San Francisco: Boericke & Runyon. 1896.—*Special Pathology and Diagnostics with Therapeutic Hints.* By C. G. Rane, M.D. Fourth edition, revised and augmented. Philadelphia: Boericke and Tafel. 1896.—*Everybody's Medical Guide; a Handbook of Reliable Medical Information and Advice.* By M.D. (Lond). London: Saxon and Co.—*Manual of Pathology.* By George F. Washburne, M.D. Chicago Medical Century Company. 1896.—*Veterinary Homœopathy in its application to the Horse, including a Code of Suggestive Symptoms.* By John Sutcliffe Hurndall, M.R.C.V.S.E. Philadelphia: Boericke & Tafel. 1896.—*Repertory of Tongue Symptoms.* By M. E. Douglass, M.D. Philadelphia: Boericke & Tafel. 1896.—*L'Homœopathie, Exposé de la Doctrine D'Hahnemann.* Cours Professé en Avril et Mai, 1896, par le Dr. Léon Simon. Paris: Jacques Lechevallier. 1897.—*The Homœopathic World.* October. London.—*Medical Reprints.* October. London.—*The Chemist and Druggist.* October. London.—*The North American Journal of Homœopathy.* October.—*The Homœopathic Eye, Ear, and Throat Journal.* October. New York.—*The New York Medical Times.* October.—*The Hahnemannian Monthly.* October. Philadelphia.—*The Homœopathic Recorder.* September. Philadelphia.—*The Homœopathic Physician.* September. Philadelphia.—*The New England Medical Gazette.* September. Boston.—*The Hahnemannian Advocate.* September. Chicago.—*The Clinique.* September. Chicago.—*The Medical Century.* October and September. Chicago.—*The Medical Mission Herald.* August. Chicago.—*The International Medical Mission Institute.* Chicago.—*The Pacific Coast Journal of Homœopathy.* October. San Francisco.—*The Homœopathic Envoy.* October. Lancaster.—*Revue Homœopathique Belge.* September. Brussels.—*Archiv für Homœopathie.* September. Dresden.—*Allgemeine Homœopathische Zeitung.* September and October. Leipzig.—*Leipziger Populäre Zeitschrift für Homœopathie.* October.—*El Propagador Homeopático.* September. Madrid.—*La Homœopatía.* August. Bogotá.—*Homœopathisch Maandblad.* October. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORT, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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BEATTY v. CULLINGWORTH.

THE action brought by Miss BEATTY, a hospital trained nurse, against Dr. CULLINGWORTH, of St. Thomas' Hospital, has attracted a good deal of attention both in the medical profession and amongst the general public. Upon the facts of the case we need not dwell beyond reminding our readers that there was really no question throughout of the necessity or otherwise of the complete operation. The *British Medical Journal* (November 21) says: "The case as presented to the jury was entirely one of fact. Did or did not Miss BEATTY give a tacit consent to the operation?" It continues: "The jury found that she did." We ourselves cordially congratulate, and we think most of our readers will join us in congratulating, Dr. CULLINGWORTH on the issue of the case, and we sympathise with him in the worry and loss to which he has been subjected by an ungrateful patient.

The result of such a case as this is unfortunate, for it tends to create a feeling of antagonism and want of confidence between the profession and the public. Happily, in the vast majority of cases, no such feeling exists, but the profession must protect itself against the minority, remembering that a chain is as strong as its weakest link only. Moreover, there is no telling at what moment an individual who appears at one

time fully to trust his medical adviser, may, for low motives, or under external pressure, turn round and attack him. This being the case, it is a wise measure of self-protection on the part of a surgeon to explain as clearly as may be the nature, risks and remote results of an operation to his patient, in the presence of a trusted witness or witnesses. When the pros and cons of a case, with the medical man's summing-up, have been presented to the patient, it is for him or his representatives to assume the responsibility of a decision. As a rule the wise patient will leave himself in the hands of his medical advisers; and if a patient hesitates to do this it is as a rule better that he should seek the opinion of others whom he can trust.

But there are cases where the patient is unusually versed in medical matters, or where professional opinions are known to differ, where one can appreciate the position of a patient in seeking to place conditions upon an operator. It may be at once stated—as it is frankly acknowledged by us all—that the profession is in the hands of the public, for which it exists. The patient has a right to make whatever conditions he likes—to keep his aches and pains his organs or tissues or any part of them if he likes. The medical man—especially the surgeon—if he finally accepts these conditions is bound to carry them out. Before an operation is begun there are frequently unsupplied data which are only forthcoming during the course of the surgical procedure, which would materially influence the patient in deciding, were he conscious and able to consider the point. Because the patient is thus entirely unable to consider the facts, he should elect a representative, the most suitable person being the surgeon. The next most desirable person is a husband or wife. Such uncertainty being well-known to exist it is the custom of surgeons to demand a free hand, that they may act to the best of their knowledge and powers for the patient, when all the facts are before them. If the patient is at liberty to propose conditions the operator is at liberty to decline to accept them. This was obviously Dr. CULLINGWORTH'S position. His intimate acquaintance with the uncertainties involved in abdominal cases and his self-respect alike made it impossible to accept such limitations as the patient at first wished to place

upon him, and we feel sure that Dr. CULLINGWORTH would have declined to operate at all had Miss BEATTY persisted in enforcing her conditions. As an instance of our meaning, we might mention besides Miss BEATTY's case, a patient with a semi-fluctuating renal tumour where the diagnosis beforehand was uncertain. This case might prove to be a kidney abscess, requiring only drainage; or it might prove to be a malignant growth whose removal would be a more formidable operation, the remote result of which might be doubtful. Who could decide before operation in such a case? And who, during operation, so fitted to decide as the surgeon? It is even conceivable that having once got far enough to make a diagnosis, it might be impossible to conclude the operation without completing it, unless serious risk to the patient's life (say from hæmorrhage), were run. It is evident that the surgeon must arm himself with all reasonable powers to meet the need of any given case, and this alone not in his own but in the patient's interest.

There is another point noticed in a leading article of the *British Medical Journal*, which is worthy of the attention of hospital surgeons and other medical men acting from charitable motives:—"The fact which transpired in the course of the case that the operation was gratuitously performed would not be a bar to an action for damages, for it has long been established that if a medical practitioner by culpable want of attention and care, or by the absence of a competent degree of skill and knowledge, causes injury to a patient, he is liable in a civil action for damages, even where the patient neither employed nor was to pay him; and a still older rule governing the same principle provides that the confidence induced by undertaking any service for another is sufficient legal consideration to create a duty in the performance of it."

MODERN HÆMATOLOGY.

Abstract of a Clinical Lecture by J. GALLEY BLACKLEY,
M.B., Lond.,

Senior Physician to the London Homœopathic Hospital.

(Concluded from page 456).

HAVING sketched for you in outline the present state of our knowledge of the pathological physiology of the blood,

and the exact methods of research upon which this knowledge is founded, I will now endeavour to help you to the practical application of this knowledge in the elucidation of the pathology of the commonest of the "blood-diseases"—in other words, to give you the outlines of a "clinical pathology" of the blood.

1. *Chlorosis.*

Colour of the drop of blood is distinctly pale.

Red corpuscles, in true chlorosis,* are not sensibly decreased in number, 3,000,000 to 4,500,000 being common readings, and the number may even be considerably above the normal. In size they vary much, but small corpuscles, ranging from 3μ to 6μ in diameter predominate; very large ones, ranging from 9μ to 14μ , are also found, but are much less numerous. Poikilocytosis in some degree is a constant feature, and the range of forms found is considerable, ovoid, pyriform, fusiform, racket-shaped and hammer-shaped cells being the commonest. The colour of individual cells is feeble, and hæmoglobin, as measured by the hæmoglobinometer, is found to be diminished to $\frac{3}{5}$, $\frac{2}{5}$ or even $\frac{1}{5}$ of the normal. The quantity in individual cells therefore is always low, and in place of unity $G = 0.80$, 0.60 , or even 0.40 .

The oxyhæmoglobin, as measured by the spectroscope, is found to be feeble in its "activity of reduction"; the time taken in the process of reduction being notably diminished; herein chlorosis differs widely from the symptomatic anæmias, where the "activity of reduction" may be twice as great.

Dry films stained with one of the usual double stains, such as acid-fuchsine and methylene-blue, are often quite violet, i.e., the red corpuscles have a tendency to take up and fix the basic colouring agents. (This appearance is seen more markedly in pernicious anæmia.)

Leucocytes are normal in number and appearance.

Hæmatoblasts (blood-platelets) are increased in number, and intermediate forms between these and normal red corpuscles are usually found.

The most constant and striking sign then of chlorosis is the diminution in the hæmoglobin contents of individual red cells.

* In chloro-anæmia the number is invariably diminished.

2. *Symptomatic Anæmias.*

By "anæmia" we understand, in all cases, a diminution in number of red corpuscles, and the anæmias fall naturally into two classes, those namely where the anæmia is only one symptom of many, and those where the anæmia is the leading or even only symptom. The best known forms are that accompanying tuberculosis, the anæmia caused by malaria, the anæmia of syphilis, cancer and rheumatism, and, finally, that following the various febrile diseases—eruptive fevers, pneumonia, erysipelas, &c.

Specific gravity of the blood is diminished, and in place of being 1.060, as in health, may fall to 1.025 or lower.

Red corpuscles are always diminished in number, ranging from 4,000,000 per cubic millimetre down to 1,000,000 or even lower still.*

Size of red corpuscles varies greatly, but we find giant cells and dwarf cells in addition to normal globules.

Poikilocytosis is a constant feature, and amoeboid movements are not infrequently seen. The dwarf cells and poikilocytes and also some of the giant cells are obviously paler than the cells of medium size.

Nucleated red cells are found in the last stages of extreme anæmias of adults, and in the intense anæmia of the newly-born.

Leucocytes in the extreme forms are often charged with hæmoglobin.

Hæmatoblasts in the immense majority of cases are normal in number; frequently, however, they are

* Hayem has conveniently divided anæmia into four different degrees, according to the number of red corpuscles, as follows:—

1. *First degree*, where the number of red cells falls below 4,000,000 per cb. mm. Here the globular value may fall to 0.65, whereas in health it should not fall lower than 0.85.

2. *Second degree*, in which the hæmoglobin would represent the quantity present in less than 3,000,000 sound corpuscles; although the actual number may be considerably higher, a large proportion of these are microcytes.

3. *Third degree*. Here the estimated number of corpuscles would be between 2,000,000 and 1,000,000, although the actual number may be as high as 4,000,000, of which nearly all are microcytes.

4. *Extreme anæmia* (including idiopathic anæmia) where the actual number never rises above 800,000. Here the globules are in nearly all cases of large dimensions and G rises to 0.88 or even 1.7 although the actual number of globules may be only 200,000. It is in the extreme form more especially that we find poikilocytosis, amoeboid movements, appearance of crystals round corpuscles, fenestration, &c.

increased; diminution in number is only found in extreme cases where life is threatened.

Pernicious Anæmia.

Colour of the drop of blood is pale, and coagulation is slow.

Red cells are very much diminished in number, 200,000 per cb.mm. being by no means uncommon, and readings as low as 143,000 have been recorded. The abnormalities presented by the red cells, arranged in the order of their predominance, are as follows:—

- (a) Poikilocytes, most numerous.
- (b) Megalocytes, less „
- (c) Microcytes, least „

The giant cells range from $10\ \mu$ to $15\ \mu$ in diameter. The poikilocytes present the same varieties as in chlorosis, but are much more numerous, fusiform, racket-shaped and horn-shaped cells being most common. On being watched many of them are seen to be endowed with amœboid movements. This property, though not absolutely confined to pernicious anæmia, is certainly of more frequent occurrence here than in any other blood disorder.* As in the case of chlorosis, the red corpuscles after double staining have a tendency to assume a distinct violet tint.

Hæmoglobin shows a low percentage, falling, in cases where life is endangered, as low as $\frac{1}{10}$ of the normal, yet in spite of this, owing to the small number of corpuscles, the globular value is increased and G becomes > 1 , and may rise as high as 1.70. Nucleated red cells are usually present. Leucocytes are also below normal, and the same applies to the hæmatoblasts.

Splenic Anæmia.

Red corpuscles are diminished in number, and range from 2,700,000 to 800,000 per cb. mm. Hæmoglobin is diminished to such an extent in individual corpuscles that $G = 0.60$ or even 0.50 . The form of the corpuscles is usually preserved, but a few poikilocytes and a few small pale cells may generally be found. Hæmatoblasts are few in number.

* The presence of amœboid movements of the red corpuscles in pernicious anæmia was first described by my father in 1879. *Vide Annals of the British Homœopathic Society*, vol. ix. p. 171.

Leucocytes oscillate between 30,000 and 60,000 per cb. mm., but the number is subject to fluctuations. In purely anæmic cases the leucocytes are mostly of the simple variety, *i.e.*, possessing a single large nucleus surrounded by a moderate envelope of hyaline protoplasm. When, however, the anæmia tends to be complicated with leucæmia the leucocytes are often of the large hyaline variety.

Leucocythæmia.

Red corpuscles are fewer in number than in normal blood, and some nucleated cells are commonly found. *Leucocytes* per cb. mm. are increased in number, and comprise numerous dwarfed and giant leucocytes in addition to normal cells. The protoplasm of these when dried and stained in place of being uniformly neutrophile is often found to be oxyphile or basophile. The proportion of white to red corpuscles in place of being, as in normal blood, about 1 : 300, may rise to 1 : 20, 1 : 5, 1 : 3, or even in extreme cases to 1 : 1. Where the number of leucocytes exceeds 70,000 per cb. mm. the condition is designated one of *leucæmia*. In some cases (where the bone marrow is evidently in an active condition) we find giant leucocytes enclosing large granulations resembling those found in marrow. Corpuscles are at times found which appear to be in every way intermediate in character between the red and the white. Tested by Liebreich's or other methods, the reaction of the blood is seen to be acid instead of alkaline.

Leucocytosis.

The number of leucocytes per cb. mm. is subject to important modifications in several acute febrile diseases, notably in pneumonia, acute rheumatism, and amygdalitis.

In croupous pneumonia of very limited extent the proportion is only about 8,000 per cb. mm.

Croupous pneumonia, extensive 15,000 to 20,000 per cb. mm.

Ditto, double, 24,000 per cb. mm.

Sub-acute rheumatism, 6,000 to 8,300 per cb. mm.

Acute ditto, 16,000 to 25,000 per cb. mm.

Amygdalitis, 10,000 to 15,000 per cb. mm.

In Hodgkin's disease the blood is at first normal, but after a time exhibits slight leucocytosis with anæmia.

In the later stages of cancer, especially cancer of the stomach, liver or rectum, the number of leucocytes undergoes striking and permanent increase, the number seen in each field of the microscope being 14 to 16 in place of two or three as usual with normal blood under a $\frac{1}{8}$ object glass.

Hæmatoblastosis.

In normal blood the hæmatoblasts number about 250,000 per cb. mm. In severe fevers, such as, typhoid the number may fall as low as 50,000. Pernicious anæmia, severe bleeding, advanced cachexias (cancer &c.) all cause partial arrest of the production of hæmatoblasts, and are often characterised by the presence of nucleated red cells.

ON THE ACTION OF COLCHICUM IN GOUT: AND
HEREIN OF OTHER SO-CALLED "SPECIFICS."*

By RICHARD HUGHES, L.R.C.P., M.R.C.S., Brighton,
England.

I. In the *Hahnemanian Monthly* of March, 1895, there appeared a paper from my pen entitled "Colchicum in Gout." I explained its origin by making a quotation from a paper on "Lithæmia," published in that journal for June, 1894, by Dr. Searle, of Brooklyn. He there wrote: "Hughes boldly claims that because colchicum cures or relieves gout, it must be homœopathic. I must confess that I am not so unreasonable." To show that I had not been so (rashly) "bold" or "unreasonable" as my friend supposed, I first of all demonstrated that my claim had not been that "because colchicum cures or relieves gout it must be homœopathic," but that because it cures or relieves *specifically* it is so. I vindicated this assumption by arguing that all "specific" action of drugs is presumably homœopathic—that is, might have been arrived at by the rule, "let likes be treated by likes." I inquired whether the virtues of colchicum in gout could not have been so brought to light, though actually discovered empirically; whether the drug does not inflame joints as the gouty poison does. I pointed out that in Stoerck's experiments on himself, which form No. 18 of the

* Presented to the International Hom. Congress, August, 1896.

provings in the *Cyclopædia of Drug Pathogenesis*, we read of "short lancinating pains in the joints," and that in No. 9 of the poisoning cases the action was still more marked. "All joints of fingers and toes, and also wrists and ankles, were very painful, and toes and fingers were painfully flexed at times. Pain in shoulder-joints succeeded, and, later, in hips and loins. It also increased in intensity, so that she said she thought she should go mad. Ultimately all the bones and joints were affected with pains, which were of a gnawing, digging character." In No. 8 also, I said, where seventeen persons drank from a bottle of vinum colchici, "severe pains were felt in the knee-joints by some, and in two cases were very marked in the left shoulder." I forgot, however, when writing—though I had myself brought them before the British Homœopathic Society in 1888*—the later experiments of MM. Mairat and Combemale. These were made with colchicine upon eight men, three dogs, and a cat. In the human provers dull pain was felt in the joints; and in the cat, which was killed as soon as the effects of the poison began to manifest themselves, an autopsy showed congestion of some of the articular surfaces, and of the "moelle osseuse" (? medullary canal). The reporters were constrained to recognise that "colchicum produces its therapeutic effects by an irritant action," and that "in gout it produces a substitutive irritation of the articular surfaces."†

I concluded (in the *Hahnemannian Monthly*) that these instances sufficed to show that the undoubtedly irritant properties of colchicum can manifest themselves in the joints. It is, therefore, surely as admissible to believe that in gouty arthritis these properties are exerted, homœopathically, as to suppose—with Dr. Searle—that the general depressant influence of the drug on the circulation is localised in the affected joints, whose hyperæmia it thus removes antipathically. But, I said, the question seemed to me of so much importance

* See *Monthly Hom. Review*, xxxii, 473.

† Dr. Frederick Roberts gives (Quain's *Dictionary*, 2nd ed., art. "Gout") as the latest word of science, that "it is by no means settled how" colchicum acts in gout. Let me present substitution to him as an hypothesis at least in accord with the facts; and, if it leads him to homœopathy, nothing could be more legitimate or more to his advantage.

that I proposed to bring it before this Congress, when I would endeavour to marshal the facts and considerations in fuller detail. I am here carrying out my purpose, so far as bringing the subject forward is concerned; but I refrain from the promised detail. The essays of Drs. Hansen and Majumdar on the treatment of syphilis and of intermittent fever bring so prominently before us the questions relating to mercury and iodine in the one, to quinine in the other, that the whole subject of the action of "specifics" is raised, and those of traditional medicine may well be discussed as a group. So the officers of this Congress have decided; and to contribute to the discussion, I have thought it best, instead of elaborating colchicum, to survey it in connection with the remedies of like kind mentioned above, and with iron as curative of anæmia.

I would therefore inquire, next, whether quinine cures intermittent fever homœopathically?

II. The nature of malaria has long been a moot question. It is a *contagium*, for though the disorder cannot be transmitted through air or water, it can be by the blood; and the present day tendency of pathology would make it a *contagium vivum*. The special organism on which it depends has hardly yet been ascertained with any certainty, for the plasmodium is, according to Surgeon-General Lawrie, as doubtful a candidate for its cause as was the bacillus malarie; yet that there is such an organism is generally assumed. We need not question the assumption. Even where a bacterial origin is much more clearly made out, we find no need for departure from our ordinary medication, which acts by fortifying and defending the tissues against their invaders. But in this instance a special inference is drawn from the hypothesis, which affects us seriously. The similarity of the effects of bark on the healthy to the symptoms of intermittent fever was (as I have said elsewhere) the Newton's apple which suggested homœopathy to Hahnemann. When this homœopathicity has been challenged, we have vindicated it by copious evidence;* and the treatment of ague by quinine has long stood in our literature as the prerogative instance of cure by specifics, and of the way in which *similia similibus* enables such remedies to be

* As in my *Manual of Pharmacodynamics*, p. 401.

discovered. Now, however, the advocates of a bacterial origin for the malarious fevers claim that our supposed specific is really a germicide; that its efficacy has nothing to do with its action in health, but depends upon its being a poison to protoplasm, and so a destroyer of the low organisms on which intermittent fever depends. If this be true, it robs us of a weighty witness to the homœopathic law; and if it be false, the supposition of its truth is unfortunate for patients, as it leads to their being dosed with the drug much more heavily than they would be were the constitutional action alone desired. The question deserves, therefore, a strict investigation.

In my *Pharmacodynamics* I have adduced three reasons against the theory now stated. One is that the dose of quinine which suffices to cure an intermittent is often far too small to affect the vitality of the supposed microzymes—two grains, for instance, sufficing when administered by subcutaneous injection.* Another is that when the drug is introduced in the fullest proportion the animal body can bear in its blood, it suspends only, but does not annihilate, bacterial activity. The third lies in the absence, when other substances are considered, of any parallel between their microbicide and their anti-malarial properties. Corrosive sublimate heads the list of the agents of the former class, and arsenic is confessedly second only to quinine among those of the latter; but were we to treat ague with the sublimate, or attempt to avert sepsis in a wound with an arsenical solution, we should find that the two were hardly interchangeable.

* This is taking our old-school colleagues on their own showing. We homœopathists could show good results with smaller doses still; but I hardly think that Dr. Majumdar's statements will add much weight to our testimony. To show how "with minute doses of quinine we can achieve a permanent cure when it is a perfect simillimum to the case," he relates one of quotidian, beginning at about 6 a.m., of 4 days standing. After two days' unsuccessful use of other medicines, he sent for a grain of quinine, and then and there prepared with sugar of milk a 3rd trit., of which two doses were to be given in the interval. He called next day at 8 a.m., and found that the fever had not recurred. There the narrative stops, and no evidence is adduced of the patient's "permanent cure." And as to the dose—if Hahnemann's instructions were followed, the preparation of the 3rd trit. must have occupied three hours. Are we to suppose that Dr. Majumdar spent all this time with pestle and mortar by his patient's bedside? After this, we can hardly accept without further explanation his statement that "we have treated quite a number of cases, sometimes even with the 30th potency, with great benefit."

So far I have written there; but here I would add some further considerations. The first is that quinine is prophylactic as well as curative, and is so in doses far too small to exert any germicide influence. Dr. Maclean states that three grains, taken every morning fasting, fully suffice for such preventive action. Does not this look like pre-occupying the ground rather than killing its invaders? Again, the similarity between malaria and quinine, as pathogenetic agents, has received a striking confirmation from the recent provings with the muriate conducted by Dr. Schülz.* Nearly every experimenter suffered more or less from supra-orbital neuralgia, and I need not recall that the affinity of the marsh poison for this region is so great as to give the term "brow-ague" to the pain it there sets up. Thirdly, the parallel afforded by arsenic has of late received its completing touch. As curative of ague, its repute is well-known and unquestioned, and that this repute obtains in homœopathic as well as ordinary circles shows that substantial dosage is no necessary element in its efficacy. Its similarity to malaria is yet better attested, as regards the febrile paroxysm, than that of quinine, and it extends beyond that of its sister drug, as it kills the red blood-corpuscles, and sets up an anæmia very like that of the malarious cachexia, in which accordingly† it is—in both schools—the leading remedy. . . But it has now been ascertained to act as a prophylactic also, even in the fever-haunted Campagna, so that railway *employés* and labourers can work there with impunity.‡ A similar, a preventive, and a curative, having no particular germicidal power, and active in too small doses to exert this if it had it, arsenic presents in relation to intermittent fever a most instructive picture, and, suggesting a corresponding interpretation of the facts regarding quinine, aids the reinstatement of that remedy in the homœopathic therapeutics of the disease.

A second old-school "specific" (a third, if arsenic be

* See *Cyclop. of Drug Pathogenesis*, ii. 738.

† This "accordingly" plainly belongs only to the school of Hahnemann. On what ground others can justify its employment we must leave them to say.

‡ See the results of Crudeli and others in *Brit. Jour. of Hom.*, xliv., 34.

taken into account) is thus vindicated for the method of Hahnemann. I hope that the vindication will be useful, not only for apologetic purposes, but to encourage our own practitioners to a larger use of it. With this view I hail the testimony given to this Congress by Drs. V. Léon Simon and P. C. Majumdar. The former tells us that one cannot cut short the paroxysms of malarial fever with anything but quinine in ponderable doses (by which he explains himself as meaning the 1st—3rd trit.); and that he has never seen a fever cured whose attacks were of the ordinary form, unless the work was begun by so cutting short the paroxysms. Dr. Majumdar does not go so far; but he is far more kindly disposed towards quinine than when he contributed a tentative paper on the same subject to our Congress in 1881. "In suitable cases," he now writes, "it does wonders." And these "suitable cases" he defines as those "in which the paroxysm is sudden and the apyrexia complete."* The experience of these two physicians thus coincides, and is also identical with the views upon the subject I have reiterated in my writings for these many years past. Advocating the treatment of all recent and simple agues with quinine alone, I have replied to the objection that it merely suppresses the paroxysms, and does not really cure the disease, that in such cases the paroxysm is the disease, and in its repeated recurrence lies all secondary evil which may supervene. It will be well if this Congress can endorse and settle for all time the doctrine thus expressed.

III. I shall have a more qualified judgment to give when I come to examine the action of mercury and iodine in syphilis. Dr. Hansen's paper, which has suggested the inquiry, does not contribute much towards its satisfaction. His indications are clinical, not homœopathic; they have little base in pathogenesis. His cases are excellent in themselves, but they hardly bear out his list of indications—which are mainly for mercurial preparations. They show mercury itself

* Dr. Majumdar hardly improves upon this by quoting some symptoms from Hahnemann's pathogenesis of China, and saying, "These are the guiding symptoms." For among them we find alike "heat without thirst," and "unquenchable thirst during the chill and heat of an ague." Thirst and thirstlessness may both be compatible with the homœopathicity of bark; but they cannot both be "guiding symptoms" for its choice.

almost inert. It is only in cases 4 and 9 that it accomplishes anything worth naming, and in the former of these has to be given in the 1 x trit. The dosage is vague ("as much as may rest on the end of a pocket-knife"); but reckoning it as two grains, a fifth of a grain of mercurius solubilis had to be taken twice daily for nearly two months before any effect was noted; and even after three months more macular syphilides on shoulders and breast remained unchanged, requiring sulphur—in the form of cinnabar—for their dispersion. It is as iodine comes to be combined with mercury, chemically or pharmaceutically, that substantial improvement shows itself—whether in primary, secondary, or tertiary forms of syphilis. Most of the cases seem to require the "Kali hydriodicum Kafkæ" or "Hale's formula"—the latter of which is a soluble preparation of mercurius biniodatus, in which compound iodine obviously predominates; and this in rather material doses, by which, indeed, in case 9 the patient was rather seriously affected in health for a time.

The question as regards mercury in syphilis stands, therefore, pretty much as it stood twenty years ago. In the edition of my *Pharmacodynamics* then published (the third), I instituted a pretty full inquiry into the relation of drug to disease, and concluded that they could not be regarded as *similia* when taken as wholes to wholes, though they came into contact at several points of their respective courses. Mercury, therefore, was homœopathically curative of several syphilitic manifestations, but the primary indurations, the secondary dry syphilides, and the tertiary infiltrations—to which might be added the plastic iritis often met with—were not among these. If mercury is to do anything here, I argued, it must be by its antipathic influence. My *Monthly Homœopathic Reviewer* impugned these conclusions, but in general terms rather than by specific counter-statements; and in my fourth edition of 1880 I vindicated the position I had taken up, bringing forward Hahnemann himself to my support.

There, I say, the question stands; and I think it is high time that it was faced and resolved, as it might be at this Congress. Do we claim the old-school use of mercury in syphilis, as now practised, for homœopathy? If so, what is our evidence of its power of causing such

phenomena as those mentioned above, and in whose treatment it is most esteemed? It will not do to say, as I remember hearing Dr. McClelland allege at the Congress of 1876, "mercury *has* hard chancre," or, as he put it in his essay then presented,* "we find chancre with indurated base and margin; induration of the inguinal glands." These are clinical indications, not pathogenetic, and they are borrowed from traditional practice with its crude dosage. My contention has been that such phenomena are wholly opposed to the genius of mercury; that it is resolvent and liquefacient, not indurative, in its action, so that any effect it produces on hard chancre and its buboes is (as Hahnemann said in 1789) "by the *antipathic* irritation of the fibres of a specific nature which it sets up." It is to soft chancre that it is homœopathic, not to hard; to vesiculation rather than maculation of the skin; to primary ulceration instead of chronic infiltration of the tissues. We may use it either way; but for the sake of candour and science, as well as for proportioning our dosage, it is well that we should recognise on what principle we are acting.

But then as to iodine; shall we follow Dr. Hansen's experience, in which the more the iodine preponderated over the mercury he gave, the better the results which followed? Shall we regard iodine as filling up the gaps left by mercury when regarded as presenting a pathogenetic parallel to syphilis? There is something to be said for this course, especially when we draw the obvious inference from his cases, and adopt the purer practice of giving iodine by itself. Guillemin and Zeissl in the old school have taught us how much can be done in this way, and that in small doses; and though we have no evidence of the power of the drug to cause anything like the primary symptoms of syphilis, we have nothing (as we have in the case of mercury) against it. Further clinical reports are required here. There is one feature, however, of the anti-syphilitic action of iodine of which the data seem complete, and it is only their interpretation which is required. I speak of its power to resolve the tertiary gummatous deposits on bones and in viscera. The dosage required for this

* *Transactions*, vol. i., p. 806.

purpose, and the apparent advantage of almost indefinitely increasing it, has led me to look rather to the physiological action of the drug—its power of resolving and “eliminating effete, imperfectly organised, and abnormal material”—as exerted here. Mr. Knox Shaw, at the British Congress of 1891, brought forward* some interesting observations, showing that the well-known acne of iodide of potassium might, from idiosyncrasy or excessive use, be exaggerated to such a degree that the nodular and tuberos masses which resulted closely resembled the cutaneous manifestations of tertiary syphilis. I continued to question whether such facts established its homœopathicity to gummata, but I fully recognised that they gave it that place when the skin and the subcutaneous cellular tissue were the seat of syphilitic action. The former point still remains a moot one. Mr. Shaw met my argument from dosage† by maintaining that this was a matter of individual susceptibility rather than of *modus operandi*; but he has not responded to my challenge to substantiate his view by cases. On the other hand, the true contention (to my apprehension) he has made has been strikingly supported by the recent experience with the iodide in the treatment of actino-mycosis. In the ravages wrought by this parasite it is, writes Mr. Malcolm Morris in the *Lancet* of June 6th, “almost as certain a specific as in tertiary syphilis.” Its mode of action, he says, is not clearly understood, but it does not seem to kill or even injure the actino-mycetes. “Netter believes that the remedy has a specific action on the anatomical elements, increasing their power of resistance. It causes rapid subsidence of the *tumours and nodosities*.” The parallel in these words suggested to the mind receives visual form when the plate by which Mr. Morris illustrates actino-mycosis of the lower jaw is compared

* *Monthly Hom. Review*, xxxv, 565.

† The almost invariable association of the minute dose with action according to *similia similibus* has just lately received another striking illustration. In the *Lancet* of May 30th, Dr. Lauder Brunton tells how he tried to relieve obstinate constipation by opium (of course, no hint is breathed of this being homœopathic practice). Finding a one minim dose ineffective for the purpose, he gave two minims, but this equally failing, the happy thought seized him of going on the descending scale instead. He tried half a minim, and this acted even “a little too violently.”

with those of Mr. Hutchinson, in the first volume of his *Archives of Surgery*, given to illustrate the cutaneous effects of iodide of potassium. *Similia similibus* here takes outward shape, and appeals to all.

IV. I will conclude with a few words on the action of iron in anæmia. I am not sure whether this remedy would be strictly called a "specific" one, but its use is a traditional practice so satisfactory, so rarely failing, and so little harmful, that we are bound to enquire what homœopathy has to say to it.

In my *Pharmacodynamics* I have gone at length into the question, and have arrived at the following conclusions:—

1. Iron probably hinders the formation of red blood in health, and certainly promotes it in disease, in the same manner in which other drugs affect the functions.

2. It may thus be given for anæmia in small doses as a homœopathic remedy, and it should always be so administered in the first instance.

3. Iron is also a food to the blood, and should be given as such, unless improvement rapidly occurs under its use as a medicine.

Reviewing these statements in the light of subsequent information, I would say of the first that it is increasingly substantiated as time goes on. Nothnagel and Rossbach (whose article on the metal I had not read when I wrote the above-named discussion) confirm Hahnemann's statement that "observations made upon those living in the neighbourhood of iron springs, who use the iron waters as a daily drink, have revealed a wonderful frequency of anæmic conditions." They show, moreover, that this is only what might be expected. "We do not," they write, "believe in a so-called plethora produced by long-continued use of iron, at least not in the sense of an excess of red corpuscles. For an increase of these beyond the normal would necessitate a more rapid metamorphosis of material in the body, accompanied by a more rapid destruction of the corpuscles and increased excretion of nitrogen and iron; they would thus be bringing about their own annihilation." One of our Calcutta colleagues, Dr. Younan, contributes an observation in point. A patient asked him to look at a bird of hers, which refused food and seemed so weak that it could hardly perch. Inspection

showed that it was suffering from anæmia. Its back and legs, and the parts of the body stripped of feathers during the process of moulting, were pale and bloodless. On investigation, its water-cup was found to contain a dark-brown fluid, and at the bottom lay a rusty nail.*

On the other hand, the thought of iron as a food does not commend itself more to the mind as the facts grow upon us. Dr. Baruch reminds us† that “the iron contained in the human system amounts only to 15-48 grains, and in the worst cases of anæmia the amount of iron lost is only 3 to 4 grains—which quantity can be furnished by a pound of good beef.” Dr. Bungler, of Basle, at last year’s Congress of German physicians, on the strength of similar facts urged the actual futility of ferruginous medication in chlorosis. And yet—and yet—it remains that without iron there is no hæmatin, without hæmatin no red corpuscles, without red corpuscles no oxygen carrying, and without oxygenation no bodily energy and activity of function. It remains that by supplying this first link in the chain all the others start into being; so that in a chlorotic girl taking 0.05 gramme of iron daily for twenty days, the red corpuscles increased gradually from three millions to four millions and a half per c.mm., and she could be discharged cured.‡ It remains that up to a certain point increase of dose favours chalybeate action, and in severe cases may be carried to almost indefinite lengths, as Dr. Charles Taylor has shown us. He took an extreme case of anæmia, in a girl of nineteen, who had been getting gradually worse for two years. She was hardly able to move without dyspnœa, and looked utterly bloodless. He gave a solution of tincture of the perchloride, of strength gradually increasing from 5 to 25 minims to the ounce, and told her to sip it as much as she could day and night. She took it at the rate of two to three pints a day, improved most rapidly, and before she left the hospital, which she did in four weeks, was able to busy herself in the ward the whole day without fatigue. She took, in the 27 days, thirty ounces of the tincture—while, if she had taken the usual twenty

* *Calcutta Journ. of Med.*, May, 1895.

† *Medical Record*, June, 1893.

‡ Nothnagel and Rossbach, *sub voce* Ferrum.

minims three times a day, she would only have consumed twenty-seven drachms.*

This looks like feeding rather than medication, especially homœopathic medication; and a similar inference may be drawn from Dr. Marc Jousset's recent remarks upon the subject in *L'Art Médical*.† Ferrum is indicated in chlorosis, he tells us, when the menses are diminished or suppressed; in the menorrhagic form it is apt to increase the flow and so to augment the malady. But this is just the reverse of what should happen if the drug was acting as a similar remedy. Menorrhagia, Hahnemann justly says,‡ is the primary action of iron; and indeed for this trouble, occurring in young subjects, there is no more useful homœopathic remedy—of course in small doses. If it were behaving as such in chlorosis, it should act upon the flux in like manner. In the same direction points the fact that it is only in anæmia that iron has to be given in any approach to substantial doses. In the congestions, hæmorrhages, and vesical irritations to which its pathogenesis leads us, it acts well in the attenuations from the first to the third centesimal, or even higher; here it is otherwise.

The conclusion must be, I think, doctrinally, that whatever other action iron has in anæmia, it influences such a condition in the same way as when we water sickly plants with a solution of it, or when we secure its presence in the soil in which we plant them—knowing that only thus will chlorophyll be developed in them, and their hues shine out and their fruit be borne. The Nonconformist minister did not use a false image when he said to the Church Congress of last year, "The thoughts of your great preachers and teachers have entered like iron into our blood, and have coloured and inspired our whole ministry." And practically, I have long been forced to the conviction that my former advice to begin with fractional doses, as for homœopathic action, was more loyal than wise. The improvement taking place under the second and even the first decimal trituration of

* *Brit. Med. Journ.*, March 21, 1891.

† July, 1895.

‡ See note to s. 141 of his pathogenesis of Ferrum in the *Materia Medica Pura*.

ferrum redactum has been too tardy to satisfy my conscience;* and I now, in chlorosis, give from the first a two-grain dose of the pure substance once daily. The results of this practice have been all I could desire in the cases I have seen, which have not been few; but I should be quite ready to increase the dose or the frequency of administration if need required. By so thinking and acting I seem to be doing most justice to my patients, while having the comfort of feeling that the value of iron in anæmia constitutes no exception to the homœopathic law, it being mainly a matter of dietetics, with which *similia similibus* has no concern.†

FURTHER NOTES ON DIPHTHERIA, WITH SPECIAL REFERENCE TO THE ANTI-TOXIN TREATMENT.

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RECENTLY much attention has been directed to the treatment of diphtheria by anti-toxin, both in the medical and even in the lay press. Physicians are by no means unanimous on the subject, and the serum treatment has its ardent supporters and opponents in all ranks of the medical profession, but on the whole the balance of evidence seems in favour of its employment, and certainly the results obtained compare favourably with former allopathic treatment, and the

* It is this which makes me unable to accept Dr. Pope's view that the results of giving iron in anæmia are "explicable on the hypothesis that the best stimulus to any organ is the presence of the material on which it is intended to act." Schüssler's system is based upon this principle, and Grauvogl had taught it before him, but neither of them has found substantial dosage necessary to supply the lacking stimulus.

† It would appear that Hahnemann, at any rate the Hahnemann of 1811, held similar views about the action of iron in anæmia. In his "Defence of the Organon," which Dr. Dudgeon has lately given us in our language, he writes (p. 100):—"What iron contributes as a *chemical* remedy in such cases to the increase of the necessary quantity of iron in the blood, is an altogether different question, which has nothing to do with the subject of homœopathic cure by similarly acting medicines."

question for us to decide who practise homœopathy is, are the results better than we have hitherto obtained by homœopathic treatment only?

Owing to the inexplicable increase of diphtheria lately in the metropolis, I have had an unusual opportunity of observing this disease, both at the hospital and in my private practice.

In three cases in private practice I employed the anti-toxin serum, and I selected them for this treatment owing to the severity of the type of disease which they exhibited. The results in all cases have been very gratifying, and such that I consider the treatment merits further trial.

The notes of Case I. have already been given *in extenso* in the July number of this *Review*, and it is only necessary briefly to recall the salient points of the case.

M. W., aged 6½ years, was quite well on the morning of Feb. 8, but at 7 p.m. complained of sore throat, and next morning had a temp. 104° with patches of membrane on both tonsils and pharynx. Gave acon. 8x and bell. 3 alt. hrs.

Feb. 10. Very delirious last night; breath foetid; membrane extended. Changed medicine to merc. bin. 3x gij. every 2 hrs.

Feb. 11. Throat covered with membrane and nose involved. 14 c. cm. anti-toxin serum injected.

Feb. 22. Decidedly better. 10 c. cm. anti-toxin serum injected.

Feb. 18. Improved. Membrane detaching itself.

Feb. 14. Much better, and a large piece of membrane coughed up.

Feb. 15. No membrane to be seen.

She made a good recovery, but had various paralyses of eye muscles and legs.

Case II. occurred in a lady 58 years old. I saw her first on July 2, 1896. She had been ailing for some days, and two days ago felt the throat sore; the temperature was normal, but had been 101°. Has had headache and no sleep. Right tonsil found enlarged, inflamed and ulcerated. Lymphatic glands enlarged at the angle of the jaw on the right side. Gave merc. bin. 3x gij. 2 hrs. and bell. 3 m ii. every hour at night if awake.

July 3. This morning the throat was less swollen. Temp. normal. P. 98. Tonsils meet, and the inner

side of each and the uvula are covered with exudation. Has taken nourishment well, but swallowing gave much pain. Ordered merc. bin. 3x gj. and bell. 3 m ii. alt. hrs.

July 4. Had no sleep last night, and the membrane has assumed the typical appearance of diphtheria. No difficulty in breathing, but speaks with difficulty, and still swallowing is very painful. 10 c. cm. of anti-toxin serum injected, and continued the medicines as before, also ordered a spray of peroxide of hydrogen and tinct. avena sativa at night to favour sleep. At 9.30 p.m. the membrane had extended to the soft palate forwards. A further injection of the serum (10 c. cm.) was given.

July 5. Decidedly better, had more than 3 hours sleep. Swallows with less pain, and the voice has somewhat returned. The membrane has not extended on the soft palate, and appears to be detaching itself, portions of which have been coughed up. The spray gives great relief, and brings away a quantity of viscid mucus and shreds of membrane. At 9.30 p.m. expressed herself as feeling better, and asked for bread and milk. The pulse has been good throughout and no stimulant has been given.

July 6. Slept 4 hours last night. Decidedly better. Ordered brandy 3j. in 24 hours.

July 7. Slept 6 hours; pulse good. Membrane can be seen now only on the uvula.

July 9. Much better. The membrane is clearing away; only slight streaks remain on the uvula and a patch on the left tonsil. She was very restless last night and the pulse became very feeble, only 58 beats per minute; ordered brandy 3ii. in 24 hours. Continued merc. bin. 3x and pil. hyoscy. 3x h.s.s.

July 10. Slept 10 hours; better in every way. Still aphonic, and fluids regurgitate through the nose at times.

July 14. Membrane all gone from the pharynx and tonsils. Voice husky or aphonic. Sublimed sulphur, substituted for the peroxide of hydrogen spray, to be blown down the throat.

July 21. Progress steady; voice returning. Gave now only sulphur 3x gj. 3 hours. The expectoration, which had been very great and contained large quantities of membrane, now gradually ceased. Convalescence

was hastened at Brighton and subsequently by a further change of air on the Norfolk coast. Various paralytic sequelæ followed, but recovery has been complete and in every way satisfactory.

Case III.—Master J. B., aged 7. On July 30 had a temperature 103.2° at noon with a dry skin. Yesterday (quoting from my notes as before) he complained of a sore throat, and to-day there were two patches of typical diphtheritic membrane, one on each tonsil. The breath was foetid. Gave merc. bin. 3x gij. every hr., and at 2 p.m. injected 8 c. cm. of anti-toxin serum.

July 31. Passed a fairly good night and is much better to-day. The membrane on each tonsil is disappearing, only little spots are left on the line of the patches which were so marked yesterday. 10 c. cm. of serum again injected. At 8.30 p.m. all trace of the membrane had disappeared.

Aug. 1. Pharynx normal. Seems quite well.

Aug. 7. Down stairs, and quite well. A slight erythematous rash came out round the seat of the punctures two days ago. It has faded now.

Aug. 9. Measley rash appeared on the legs and thighs and back. It appears to have spread from the punctures. The next day it faded and no further symptoms arose.

Remarks.—We have here three severe cases of diphtheria, and in each case the diagnosis was confirmed by the bacteriological test, and all made a complete recovery. In each case the most clearly indicated homœopathic remedy was given as well, and continued in addition to the serum injected. So it may be objected that the cures were not wrought by the serum but by homœopathy.

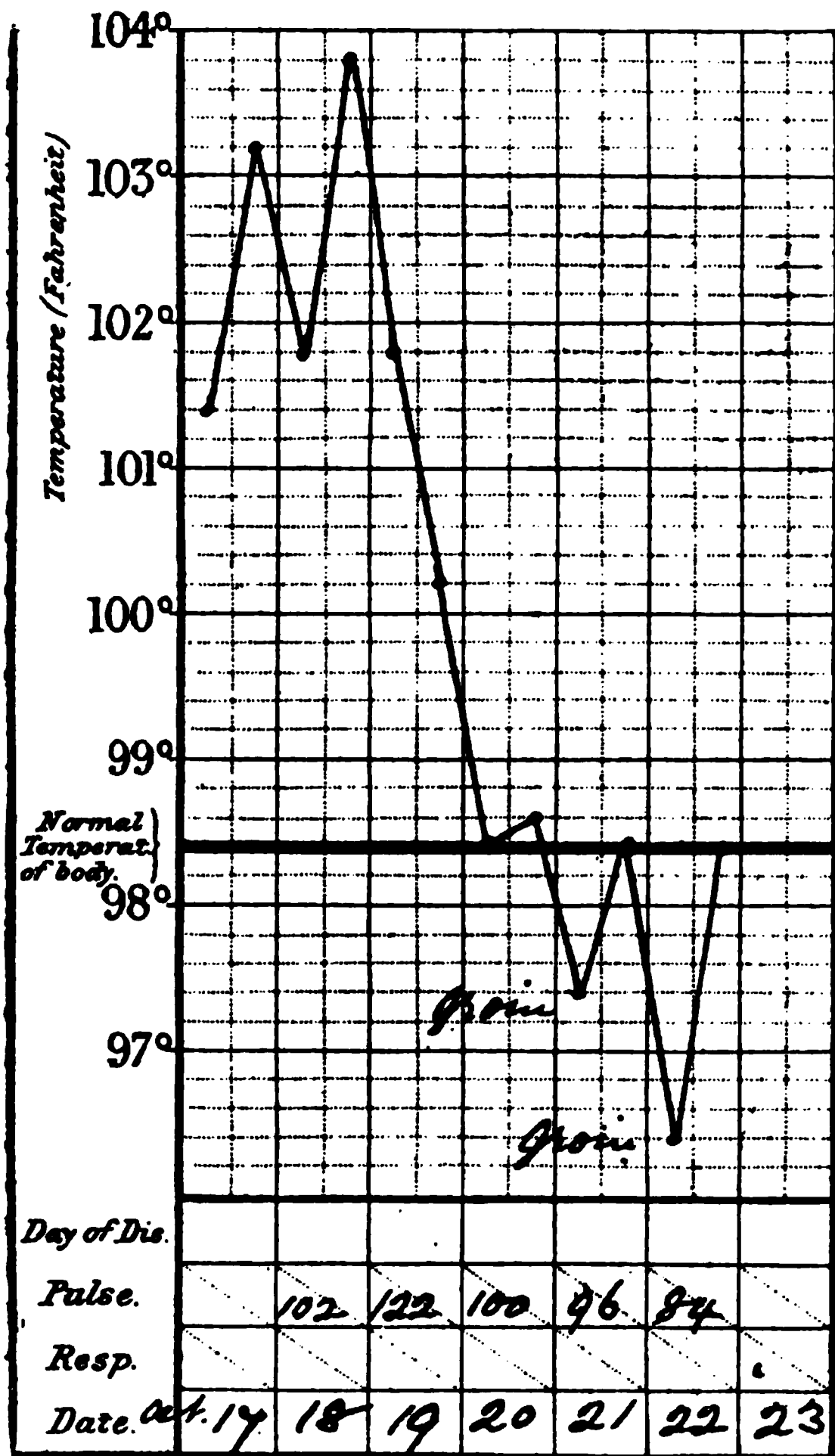
Case II. gave great anxiety from the evident extension of the membrane down into the larynx and trachea, and at one time it appeared as though tracheotomy would become necessary.

Case III. may be said to have been aborted by the prompt injection, for in 30 hours the child was practically well. All who have used the serum are agreed that it should be used as *early* as possible. In the *Lancet* for October 17th, 1896 (*quod vide*), Dr. Sidney Martin has epitomised our knowledge on the subject very concisely: The bacillus diphtheriæ causes the false membrane and as

a rule the bacilli are limited to it, but in severe cases may also be found in the lungs and spleen. The bacillus diphtheriæ produces two poisons. 1st. A toxin (and the body resists this by phagocytosis). 2nd. Anti-toxin is formed in the body.

The serum in use is prepared by injecting into a horse, gradually increasing doses of this toxin, which produces anti-toxin in its serum. This anti-toxin is both a vaccine and an antidote. He emphasises the necessity for giving one single large anti-toxin dose as *early* as possible and only once. He now employs the serum from the laboratory of the Royal College of Physicians and Surgeons, which contains 4,000 units in 5 c. cm. He injects 5 c. cm., and often 10 c. cm. and no bad results follow its use. Even should it be used by mistake in a case which turns out not to be diphtheria, he states it does no harm. Interesting as his paper is we need further statistics (especially from homœopathic sources, which it is to be hoped the Collective Investigation Schedule now in circulation will bring in) before we can say whether it is the best method of treating this disease. The importance of a careful and correct diagnosis, in compiling such statistics, is apparent to all, and for this purpose the bacteriological test is of the utmost value. Since any communication on this subject in last July's number of this *Review* I have had further confirmatory evidence of its value, and the notes of this case will form a suitable conclusion.

On October 17, I saw a little girl, W.S., aged 8. She had been "out of sorts" for the past week. Two days ago she had a rigor and afterwards was very hot and feverish, complaining of sore throat. The next day the throat was very swollen, but there was no membrane until the morning of the 17th. When the temperature was 101.4° and pulse 96 (see chart.) Both tonsils were enlarged and on the left one was a well-marked patch of membrane at the upper part. The lymphatic glands on this side at the angle of the jaw were also enlarged and tender and the breath was offensive, but there was no rash to be seen. Merc. bin. 3x gr. j. 2 hours, and a spray of peroxide of hydrogen for the throat were ordered.



On October 18, I removed a portion of the membrane, which caused bleeding, and sent it to the Institute of Preventive Medicine for examination, and next day the report came stating the bacillus diphtheriæ had *not* been isolated. Meanwhile on the night of the 18th the temperature rose to 103.8°, and the next day the membrane had reformed on the same situation as large as a threepenny piece. Not feeling satisfied with the report of the Institute of Preventive Medicine, on October 20

I removed a second portion of membrane and sent it to the Clinical Research Association, and on the following day received the report "after incubation on blood serum the resulting growth consisted of streptococci only, no Klebs-Löffler bacilli could be detected."

I was therefore driven to the conclusion that this was not a case of diphtheria, but an ordinary follicular tonsillitis closely simulating diphtheria. A brother of the patient, who was attending school when the patient fell ill, had been sent away and was now able to be recalled, and "notification," which had been delayed, was now unnecessary, and thus the family were spared the trouble and annoyance which often follows. This instructive case shows how difficult, nay, more, I would say impossible, it may be to come to a correct diagnosis when such equivocal symptoms are present, if one relies only on symptoms and naked-eye appearances.

THREE HOSPITAL MEDICAL CASES.

By GILES F. GOLDSBROUGH, M.D.,

Assistant Physician to the London Homœopathic Hospital.

THE following cases, more or less chronic in character, and interesting from their individuality and from a therapeutic point of view, have been under my care in the London Homœopathic Hospital during the past three months. Unless the interesting points concerning them are placed on record now, they would likely be buried within the volumes of the hospital case books, and so be lost sight of. The notes of the cases, of which abstracts are now given, are by Dr. H. V. Münster, Resident Physician.

CASE I.

Malarial Fever.—Chronic Paludism.—Enlargement of Spleen.—Arsenic.—Quinine.—Ceanothus.—Marked Improvement.

Arthur E., 28, clerk, single, was admitted into Hahnemann Ward on August 4th, 1896, suffering from malarial fever. The family history of the patient presents nothing of importance, his personal history is as follows:—He had typhoid fever at five. Seven years ago he was believed to have phthisis affecting the right lung, for

which he took cod liver oil. He was then in the army in India. In 1892 he went to Africa, where he contracted malarial fever immediately. He recovered from this, and remained fairly well until February of the present year, when the fever returned (presumably in Africa), and he has been ill off and on ever since.

State on Admission.—Patient is fairly nourished and of a very sallow complexion. There is marked palor of the lips and conjunctivæ. His height is 5 ft. 9 in., and weight 9 st. 7½ lbs. He has always been light in weight. He describes the attacks of fever as follows:—Shivering commences about 2 p.m.; he soon becomes hot, and perspiration begins about 4 p.m., and it may continue all night. The attacks return every day or two. Sometimes they are not accompanied with shivering, there is simply the hot stage with the following perspiration. He feels tired when an attack is coming on, and is often thirsty, and during the shivering the latter symptom is most marked, but becomes less during the heat and perspiration. After the attack is over he complains of headache across the eyes, with dizziness, dimness of vision, and photophobia.

An examination of the blood by means of Gowers' hæmocyto-meter and Oliver's "tintometer" for the estimation of hæmoglobin, which were used under the direction of Dr. Blackley, shows hæmoglobin to be about 43 per cent. of the normal, and the red corpuscles to be 3,500,000 to the cubic millimetre. These latter vary much in size and shape. The leucocytes appear increased somewhat. The abdominal organs appear normal, excepting the spleen, which reaches as low as the level of the umbilicus; its greatest length is 9 inches. The circulatory system is normal, and there is no trace of lung trouble. Urine is free, sp. gr. 1,008, acid in reaction with no albumen or phosphates. Patient sleeps well, and is not depressed. He is occasionally deaf if he takes large doses of quinine. His appetite is good, tongue clean, and bowels regular with normal stools.

Course, Progress, and Treatment.—The patient was under Dr. Blackley from August 4th until 22nd. He received on admission *cenanthe crocata* 1, gtt. j. om. 3 hor., and was put on "first" diet. This treatment was continued until the 7th, when he received *sac. lac.*

which was administered until the 11th. An examination of the temperature chart* shows the fever pursuing an irregular course, but as the temperature was then taken in the morning and evening only, it is possible that some notable irregularities escaped observation.

On August 10th a further examination of the blood shows hb. : 80 per cent. of the normal. Ars. alb. 8x, gtt. v. t. d. was ordered, and on the 12th liquor arsenicalis gtt. j. t. d.

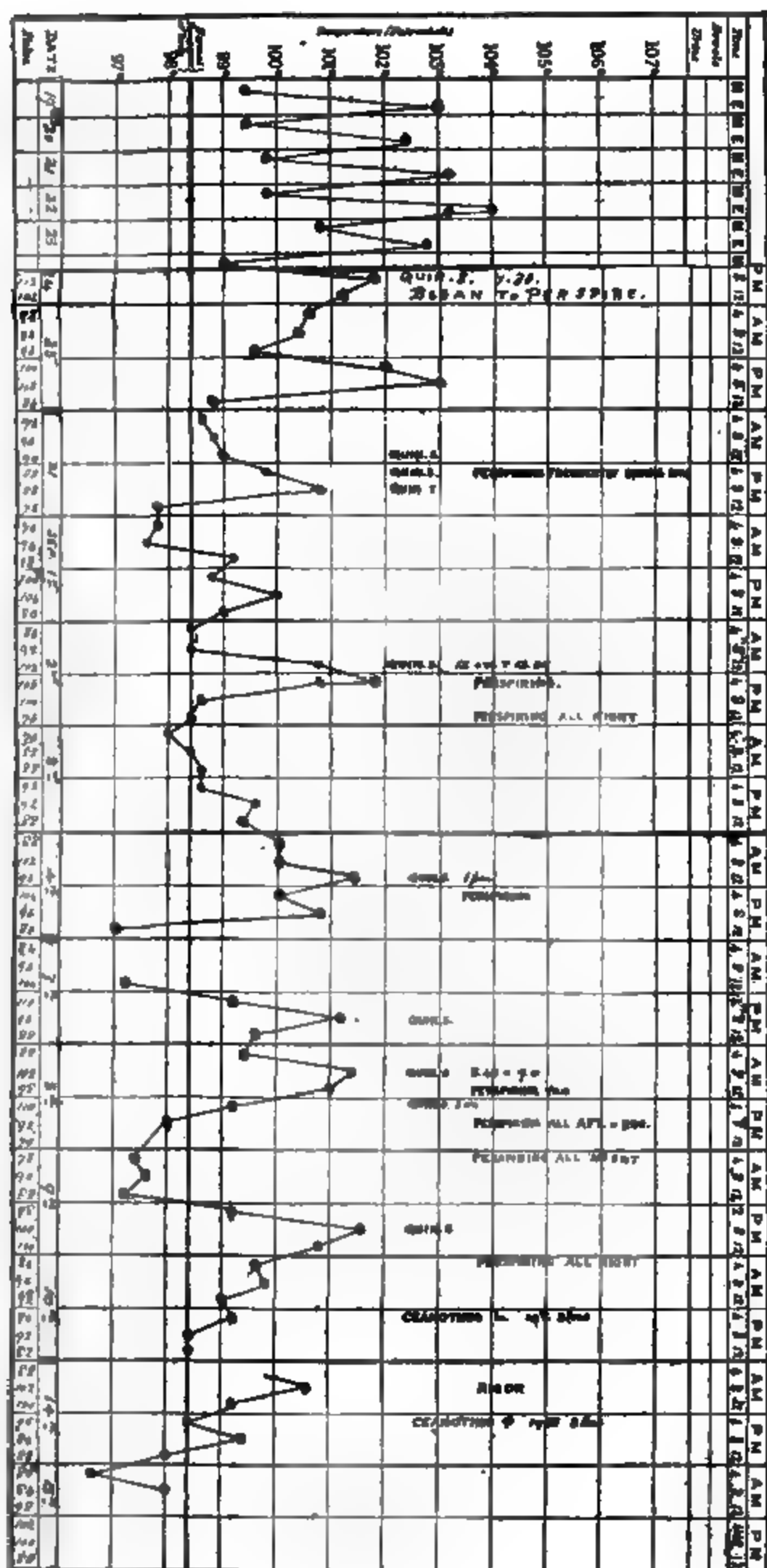
On the 17th the blood was again examined, with the result that hb. was 50 per cent. of the normal, and red corpuscles 1,700,000 to cubic millimetre. Mr. James Johnstone made a diligent search for plasmodium with a negative result. Repeat liq. arsenicalis gtt. ij. t. d.

On the 20th the note is—Severe rigor yesterday about noon, temperature went up to 103°F. Feels very low and languid this morning, slight headache. As will be seen from the chart the temperature rose at night to 103°F. for several days in succession; on the night of the 22nd it was 104°F.

On the 22nd Mr. Johnstone examined the blood again during the hot stage of an attack, and found the plasmodium in several of the red cells. Ceanothus amer. 1, gtt. j. t. d. was ordered by Dr. Münster.

On the 24th I saw the case for the first time. The man was feeling very ill, rigors occurring daily, his headaches had increased, and there was much langour. The ceanothus was ordered to be continued, and quin. sulph. gr. $\frac{1}{8}$ to be given as soon as a rigor began and continued every half-hour until perspiration set in. As the four hour chart indicates, this treatment proved very effective, for only on one occasion afterwards did the temperature rise to 103°F., and once only as high as 101.8°F. From the 7th to the 10th of September it looked as if the quinine were losing its effect, and as the man had originally taken large doses of that drug it was decided to discontinue it, and rely on the ceanothus in a lower dilution. This was given in the 1x, gtt. v. om. 3 hors. on the 10th September, in the matrix tincture, gtt. iij. t. d. on the 14th, and the same strength in five-drop doses on the 23rd. From the 10th September the

* The temperature chart appended to the report of this case was too long to print entire. The salient features of it are given, especially in reference to the administration of the named drugs.



temperature did not rise above 100.8°, and that only on two or three occasions, and from the 18th it did not rise to 100°F. except on the 25th, when it stood for four hours at 100.4°. The man was discharged from the hospital on the 29th September. The spleen was measured on the 14th, and found to be 8 inches in its greatest length. He came up to my out-patient clinic a fortnight afterwards when he reported his condition as much the same. He felt very well, he said, but his temperature rose occasionally to 100°F. or slightly above.

Remarks.—It is hoped this case may be kept under continuous observation, and the future history of it placed on record, along with an examination of the chronic paludism from which the man is evidently suffering. In the meanwhile it is interesting to note the effect of the drugs administered during the man's stay in the hospital. It might quite be expected that if the paroxysms of fever keep off, a prolonged course of arsenic would greatly benefit the constitutional state. But during the occurrence of paroxysms there is no doubt that quinine is a homœopathically indicated remedy, and had it not been that the patient had been accustomed to take more of the remedy than was necessary in former attacks, more help might have been expected in the present instance.

As a homœopathic remedy *ceanothus* is in its infancy, and with the exception that it has an affinity for the spleen, its effects on the healthy organism are unknown. The drug is not mentioned in the *Cyclopædia of Drug Pathogenesis*. The doses administered in the above case may seem large, but the original use of the drug in enlarged spleen were just such as those now given.

CASE II.

Chronic Diarrhœa, with Symptoms Simulating Tuberculosis.—Arsenicum.—Calcareo.—Cured.

Annie B., 20, single, domestic servant, was received into Vaughan Morgan Ward on July 7, 1896. She is of medium complexion and thin. The family history is unimportant, saving that an uncle on the father's side died of consumption.

Personal History.—Patient has never been strong. She had an abscess in the groin when three months old, and from her third year until a year or so ago had

continued discharge from the eyes and ears. Four years ago she had influenza, which was followed by "rheumatic gout," lasting eleven weeks. She was attacked by influenza again in the two succeeding years. Three years ago the catamenia ceased in consequence of chill, she had been regular previously. She frequently has suffered from "gathered" fingers. A year ago she was an inmate of the Hampstead Hospital for wasting and diarrhœa, but came out after nine weeks lighter in weight than when she went in. Since then has been going down hill steadily, with continuous diarrhœa—the stools being watery and very offensive—and wasting. Last week vomiting ensued. The diarrhœa has been controlled to some extent at times by a strictly milk diet.

State on Admission.—Appetite very poor, turns at all food. Always thirsty. Teeth very decayed, breath offensive. Gums spongy. Mouth sore. Tongue red, glazed, and rather corrugated. Very little taste or smell. Heavy and distended after any food, with sour risings. Wind rumbles about. Good deal of griping pain in the hypogastric region on moving or coughing. Sometimes she doubles up with pain, which is relieved by pressure and hot flannels. The abdomen is tender all over the lower part, particularly the left side, tympanitic but no distension. Stools are several in the twenty-four hours, occurring more frequently in the night; they are pale yellow, watery and offensive, scalding, accompanied with tenesmus, and relief after stool. Palpitation and dyspnœa on exertion. Patient sometimes faints. She is uncomfortable lying flat in bed. Pulse rapid, regular, low tension and small volume. Heart sounds normal. Veins tender and rather hard. A dry shaking cough. Chest much emaciated. Diminished respiratory movement. Some dulness on percussion on the right side above and below the clavicle and the supra-scapular region. Expiration is prolonged and almost bronchial. Vocal resonance is almost bronchophony. No moist sounds. Bases clear. There is scalding on micturition. Urine often dark, sp. gr. 1028, reaction acid, with a trace of phosphates. Skin dry and harsh over the trunk. Marks of old whitlows on fingers of both hands. Perspires somewhat at night. Restlessness and poor sleep the first part of the night. Headache on

reading. Vertigo on coughing or rising. Cannot see at a distance. Hearing defective, ears discharge from time to time. The right meatus is loaded with wax, the left meatus contains brown offensive discharge, and the walls are soft and granulating. Patient is very nervous and depressed. She sometimes has pains in the smaller joints.

Course, Progress, and Treatment.—Attention was first directed to the condition of the patient's ears and mouth, these were cleansed and made as far as possible aseptic. Several teeth were removed. *Ars. alb.* 3x was given and continued until the 2nd of August. The diet at first consisted of milk with lime water, then farinaceous food, raw meat juice, rice pudding, bread and butter, also cocoa. There ensued a general improvement in the patient's condition with little alteration in the state of the bowels. For instance, on July 21 the note reads "Stools have passed at 1 or 2 a.m. lately, very large and offensive; they consist of a considerable amount of dark brown fluid, with some brown scum upon it, and containing undigested curd, and some fluid fæculent material." The pain is as described above. This condition continued much the same until August 15, when the diarrhoea increased after a walk in the open air. *Ignatia* 1x had been alternated with *ars. alb.* 3x since August 3. On the 15th there were five stools in 24 hours; pains easier. On the 18th she received *coloc.* 1x. On the 19th there were four stools in 24 hours, and the same note is recorded on the 21st. On the 24th I first saw the case, and on a full review of the whole symptoms came to the conclusion that arsenic was still the best indicated remedy, but as the lower dilution had failed, a higher one ought to be tried. *Ars. alb.* 12 was ordered gtt. j. t. d. before food. On August 26 the note reads as follows:—Only one stool in 24 hours, darker. Feels better in every way. Stop *ars.* unless loose stools recur.

Aug. 31. Last two days three stools, loose. Returned to medicine yesterday. Only one stool to-day.

Sept. 1. Two loose stools in 24 hours, pale.

Sept. 3. One large offensive stool and two small ones in 24 hours.

Sept. 7. Two loose stools in 24 hours, they are now of a yellow, semi-solid, pulverised looking material. Abdominal pains are much easier. The patient had

been continuing the ars. alb. 12 whenever the bowels were loose, and she was improving in every way. For a week or more past she had been having Benger's food, and occasionally a little boiled sole by itself in the middle of the day. The case presented so strongly the tubercular appearance, and although the patient was now making good progress, I thought a few doses of calcaria might do good, and intended to resume the arsenic afterwards if necessary. Accordingly on September 7th calc. carb. 30 gtt. iij. bis die was ordered, and raw meat sandwiches added to the diet. The following notes are worth recording in detail, and scarcely call for further remark.

Sept. 8. One small loose stool yesterday.

Sept. 10. No movement of the bowels since the above.

Sept. 11. Bowels moved once in the night. Stool formed.

Sept. 12. Ditto. Stool formed, pale yellow, putty like. Patient is hungry, wants more food.

Sept. 17. No diarrhoea. Stools all formed. Sole taken daily, and raw meat sandwiches. Grouse allowed, but caused a little pain. Patient gained 4 lbs. since last weighed.

Sept. 26. Discharged cured.

This patient reported herself at my out-patient clinic at the end of October, and she had put on flesh to such an extent that at first I did not recognise her. She confessed herself as quite well.

CASE III.

Exhaustion from Overwork.—A Gastric Neurosis.—Simulated Abdominal Tumour.—Rest in Bed.—Lycopodium.—Gentiana Lutea.—Chamomilla.—Recovery.

Mary A. S., aged 56., engaged in hard household work, was on Sept. 7th, 1896, admitted into Quin Ward with the following history:—Five months ago she began to complain of severe pains under the arms beginning at the epigastrium and going round to the back. She felt as if there were something hot down the back. Has seemed to lose strength and flesh. Has become a stone lighter in 14 months. For past two or three months has often had to lie down while at work on account of the pain. There has often been retching with the pain. On several occasions apart from any pain she has also

coughed up bright blood, followed next day by soreness in the upper part of the chest. The bowels have usually been relaxed, especially in the morning, the stools being semi-solid, and of a normal colour. Patient is the youngest of her family. Menstruation ceased 12 years ago. She has had no illness until 11 years ago, when she had "ulcerated liver" and coughed up blood. She had influenza five years ago, after which she could not raise her eyelids easily. Has always been regular in eating, and temperate. Has been well cared for in a comfortable home, but had to work hard. Her family history is good excepting that one sister is in an asylum, and one died of consumption, age 27.

State Three Days after Admission.—She was sent up to the ward from Dr. Epps' out-patient clinic, who had a week previously given her a prescription for ars. iod. 4x. and millifol. 1x. alternately, which have been continued since admission. Patient has a thin, careworn look, suffers from headache, flushes of heat, and frequently "dead fingers." Attacks of trembling come on if she tries to work. Is depressed and very weak; loses her voice with much talking. Skin is dry and sallow; perspiration at night. Tongue clean, poor appetite, food usually causes pain at the umbilicus an hour afterwards, with wind and sensation of a ball there. Eructations, with taste of food, and sometimes putrid. Occasional retching and nausea when pain is severe.

The condition of the abdomen is the most important aspect of the case. It is emaciated and somewhat retracted. There is an exquisitely tender area just round and above the umbilicus; this is so marked that the slightest touch causes the patient to flinch. The test was applied without the opportunity of the patient simulating the pain. On gentle palpation a lump somewhat like a billiard ball is felt in this region, it seems continuous with the liver area, and is better defined below than above; it is marked by distinct pulsation through it, and a distinct bruit is audible on auscultation. The condition was such as readily to lead to the diagnosis of aortic aneurism. Peristaltic movements are visible through the abdominal walls, and the descending colon appears full of fæces. Bowels not moved since admission. Urine normal in quantity, sp. gr. 1010, and contains phosphates, no albumen.

Patient is short of breath, and has some hard, dry cough. No abnormal physical sign in chest. Palpitation on slightest exertion. Heart sounds normal. Pulse 90, regular, fair volume and tension.

On a careful examination of the patient, I felt convinced that we had to deal not with a case of aortic aneurism, but with a condition of general nervous prostration which affected the gastric region and solar plexus more especially, which had also induced a parietic condition of the colon, and that the lump which could be felt was part of the general distension of that organ with fæcal matter. The diagnosis based on hard work as the cause of the condition seemed also to account for the symptoms emanating from other organs, and also for the history of hæmoptysis without lung disease. The highly neurotic condition of the patient also confirmed this diagnosis. If such were the correct view of the case, rest in bed might be expected to do much for the patient, and on the effect of this most of the general improvement which ensued no doubt depended. At the time of examination lycopodium seemed the best indicated remedy. This was given in the 12th dilution, and the bowels were to be moved by an enema.

Sept. 14. Feeling better ; less tenderness, less wind. Bowels moved by enema only. The circumscribed area of pain and tenderness were the same as described above. Patient described it as of a throbbing character (evidently the aortic pulsation felt by the patient), and was exquisitely tender. This symptom so impressed me as characteristic, that I determined to search if a precise remedy could be found to meet or cover it, consistently with the totality of the condition otherwise. On referring to the *Cypher Repertory* under Abdomen, Sensitiveness to touch at the umbilicus, I found two medicines, gentiana lutea and oleander, neither of which I ever remembered using before. Under gentiana, in *Allen's Encyclopædia*, we have the symptom of sensitiveness to touch in the region of the umbilicus exactly recorded, and it appeared to have occurred in reliable provers. The condition of the abdomen otherwise seemed to fairly correspond with that of my case. Remembering the tonic uses of gentian in the old school, I determined to give this remedy a trial. The effect was prompt and certain, as will be observed from the following notes.

The prescription on September 19th was *gentiana lutea* 1x. gtt. ij. om. 3 hors. On the 21st the note reads: "The throbbing pain ceased one hour after taking the medicine, and she had not experienced it since." I observed there was much less tenderness. The bowels had acted by themselves for three days. The next note was on September 26. Keeping much better of late. Continue medicine. Patient could then bear any ordinary pressure over the old painful region easily. On the 28th patient had been much disturbed by a troublesome patient in the ward, and was depressed and irritable. *Chamomilla* 6 was ordered. She remained in hospital until October 8, with improvement all along the line. She has since reported herself at my out-patient clinic. There is no abdominal pain; patient is eating well and gaining flesh. The bowels act regularly. It should be mentioned that a "first" diet was given during the patient's stay in the hospital.

TRANSVERSE FRACTURE OF THE PATELLA, SUTURED BY THE OPEN METHOD.

By JAMES JOHNSTONE, F.R.C.S.

Assistant Surgeon to the London Homœopathic Hospital.

Mrs. J. N., aged 63, when entering a street door which yielded too readily, lost her balance and fell toward the left side, doubling her left knee under her. She has no recollection of having struck her knee or missed a step. The fall did not break a jug which she carried in her right hand. On attempting to rise she found she could not, owing to the left leg being limp and powerless. She was removed to the Homœopathic Hospital, which was close at hand.

On admission, November 9, 1896, there was found considerable effusion into the left knee joint. She was unable to move or extend the left leg. The left patella was found to be fractured transversely about its centre, and the fragments were separated about two inches. The limb was put up in a back splint, and bandages were applied so as to approximate the fragments. There still remained a gap of over an inch. An ice bag was applied. There was little or no pain. The patient was a nervous frail person, and refused to undergo an operation. The swelling and effusion continued, and

extensive ecchymosis appeared. Five days after admission the patient submitted to operation.

Operation.—Under an anæsthetic a longitudinal incision $2\frac{1}{2}$ inches long was made in the median line of the patella, exposing its two fragments and the intervening space. The space was found to be occupied with a tough blood-clot, quite adherent to the fractured surfaces. The cavity of the knee-joint was also found to be filled with blood-clot. The clots were removed and the joint flushed out repeatedly with warm sterilized water till quite free of clot. On examining the fractured surfaces, the cleavage was found to be transversely across the bone but in a plane obliquely upwards, thereby producing two bevelled surfaces for apposition. The inner and upper corner of the lower fragment was chipped off. The fracture was thus partially stellate. The surfaces were found to be covered in great part by the periosteum and adjacent connective tissue which, on the separation of the fragments, had been drawn out into two fringes and pushed down into the gap. This material, together with the blood-clot, formed an effectual buffer between the fragments, preventing their proper apposition. These fringes were carefully removed and the fractured surfaces entirely freed of connective tissue and fibrin. With a bradawl the two fragments were pierced. Owing to the obliquity of the plane of fracture, the channels so made had to be carried through to the under surface of the patella. A stout silver wire was now threaded in, and after the joint had been once more flushed out the ends were twisted together, the fragments being thereby brought into accurate apposition. The ends were cut off and hammered down. The skin wound was sutured with silkworm gut, no drain being used. The wound was dressed and the limb placed in a back-splint, the heel of which was somewhat elevated.

The temperature remained normal, and the dressings were removed for the first time on the 15th day after operation. The wound was found completely healed. Gentle attempts were made from this time onwards to flex the knee with gradual increased excursions. The patient gradually acquired slight power of extension, she was encouraged to walk, and on October 31st was able to move about the ward by herself. On November 2nd, seven weeks after operation, she left the hospital,

walked into and out of a cab and up two flights of stairs without much discomfort. Since then she has walked about half-a-mile at a stretch and is gradually regaining the power of flexion and extension.

Remarks.—This case presents several points of interest. It is, as far as I am able to learn, the first case of fractured patella which has been treated by the open method of suture in the Homœopathic Hospital (old or new building). The admirable arrangements in the new operating theatre permit of absolute asepsis being secured in such operations, for without it they would be impossible.

The variety of the fracture, viz., transverse, points to muscular action being the cause. This is in accordance with the history of the accident, but the stellate complication might point to some direct violence as well.

The fragments were not tilted or twisted in any way as is generally the case in such fractures.

The filling up of the gap by blood-clot, and the tucked-in periosteum and aponeurotic expansion, showed how hopeless it would have been to attempt to bring the surfaces into apposition by any known means of bandages, hooks or sub-cutaneous ligature. The condition found made it almost absolutely certain that union after such treatment would have been fibrous and therefore unsatisfactory. Moreover such union would have required double or treble the time to produce a less perfect result in walking and use of the limb. There can be no doubt that where one has reasonable hope of carrying out the operation aseptically, that treatment by open suture should be chosen.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. BARROW, Clifton.

Megrim.—*Sanguinaria.*

MRS. W., for three years or more, has had severe attacks of headache with nausea and vomiting. The attacks occurred every week and lasted about 24 hours. They began usually in the morning, increased in violence

* Contributions are invited for these notes. Reports of cases should be sent to Dr. Ord, Bournemouth.

during the day, and are aggravated by motion, noise and light. Sleep gives relief, but cannot always be obtained. *Sanguinaria* 1x ter. die. was prescribed during an interval. The usual time for the attack passed over without anything more than a slight headache, and since then there has been no return, now over twelve months.

Dysmenorrhœa.—Xanthoxyllum.

Miss R., æt. 27, had suffered for years from dysmenorrhœa. Her sufferings at the menstrual period were so great that life became almost unbearable. She had tried all kinds of treatment without obtaining the slightest benefits. She had been an in-patient of the Royal Infirmary, where she was told she had a "conical cervix;" under chloroform an operation was performed. This did not result in any relief to her sufferings, the catamenia being accompanied as usual with violent pains. Two years after the operation, Miss R., worn to a skeleton with suffering, and despairing of getting relief, came under my notice. I prescribed xanthoxylin 1x ter die a fortnight before the menstrual period. In due time the menses appeared, and to the great joy of the patient, there was very little pain. The remedy was continued for sometime, and when left off the patient was completely cured.

It is now three years since the patient first came under homœopathic treatment, during the whole of that time there has been no return of the pain at the monthly period.

Reported by DR. A. MIDGLEY CASH, Torquay.

Thlapsi Bursa Pastoris.—Hæmaturia from Renal Calculus.

A worn, emaciated man of 63 years, ailing a long time. There are pains about kidneys. He is passing large uric acid crystals in his urine, also pus and a good deal of blood. This is sometimes bright, but often of a dark colour. Bleeding is always increased by the least movement. His bladder has been sounded but no stone could be detected.

Arnica, *millefolium*, *hamamelis* and *terebinth*, all have been tried, but with little if any result. Two drops of the mother tincture of shepherds' purse were given every two hours.

In five days the blood was markedly and strikingly less. Patient was able to return home, a distance of 4 miles by train, which he accomplished "without any aggravation to speak of." The bleeding was checked after it had been on him for 22 days. He wrote 3 months later saying that there had been only one return of the bleeding since, and then he had a short attack which was brought on after riding over some cobble stones one day when out in his bath-chair.

Rhinitis.—Aurum.

H. B., a small boy of seven. His nose is obstructed by crusts around and inside the nostrils. The mucous membrane is red and sore, and a thin irritating discharge is present, causing redness also of the upper lip. The boy has been ailing several weeks, and nothing seemed to do any good. Child's condition is low, and he has a chronic cold about him.

Aurum met. 3 x, in 1 grain powder was given, and a boracic ointment locally. Improvement began at once, and in about 8 days the nose was practically cured.

REVIEWS.

Special Pathology and Diagnostics, with Therapeutic Hints.

By C. G. RAUE, M.D. Fourth edition, revised and augmented. Philadelphia: Boericke & Tafel. 1896.

DR. RAUE's work, its scope and character, are so well known to our readers that it is unnecessary to do more than inform them of the appearance of this new edition. We may say, not in any depreciatory sense, however, that we have always thought that the title would be better if slightly modified. By "better," we mean more truly representative of the nature of the work. It appears to us that the therapeutic hints have always been the strong point of the book, and that this particular expression ("hints"), together with its third place in the title, gives the impression that the therapeutics occupies an altogether subsidiary place, which is not so. New chapters or sections are added to this edition—notably one on mental diseases—which ought to be of great value to readers in this country. The vast importance of mental symptoms in disease as drug indications has been insisted upon from Hahnemann downwards. The success of homœopathic treatment in America, and its superiority over old school methods, has been demonstrated by the statistics of American public

institutions for mental cases. Yet, in this country we hear little or nothing of its use in such cases, and have no institution of even a private character which publishes records of its work. This is a distinct want, and we think the appearance of this section should at least be a stimulus to work in this direction.

Appendicitis has a good therapeutic section, but its pathology scarcely keeps abreast of the times, and is very little modified from the second edition of 1881, where (as now,) for instance, foreign bodies are stated to be the chief cause of inflammation of the appendix. Again, in the diagnosis, the condition from "tumour of the right ovary" is given, whereas the possibility (far more probable) of its being mistaken for a pyosalpinx or an infiltration of the right broad ligament is not even alluded to.

The plan of giving short repertories or symptom-indices to the more important subjects is of great clinical usefulness. For example, under sciatica, two pages are given to such a repertory—embracing character of pain, its location and directions, conditions of aggravation and amelioration, etiology and concomitants. An even more complete index is given for toothache, which we have often proved to be useful and reliable.

In the present edition the type is much better, and the book has some thirty pages fewer. Each page, however, contains more matter.

We believe this to be one of the really useful works on homœopathic therapeutics.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The second meeting of the Session was held at the London Homœopathic Hospital on Thursday, November 5th, at a quarter to eight; Dr. Madden, president, in the chair.

The following specimens, &c., were exhibited:—

1. A carcinomatous uterus removed by vaginal hysterectomy. (Dr. Burford.)

2. A colloid ovarian tumour removed by ovariectomy. (Dr. Burford.)

3. Diseased appendage of the uterus from a case where a sound could be passed into the peritoneal cavity from the uterus. (Dr. Burford.)

4. Kidney in an advanced state of calculous pyo-nephritis removed by lumbar nephrectomy. (Mr. Knox Shaw.)

5. Grimpel's flexible spinal support. (Mr. Gerard Smith.)

6. Photograph of a case of apparent absence of the penis, (Mr. Knox Shaw.)

7. A cheap portable sterilizer. (Mr. E. B. Roche.)

Section of Surgery and Gynecology.

Mr. Dudley Wright read a paper on *Chronic Rhinitis and Enlargement of the Inferior Turbinated Bodies*, in which he pointed out that the many forms which chronic rhinitis was apt to evince were due to two main factors, viz.:—1st. The original structure of the nasal mucous membrane; and, 2ndly, the peculiar physical conditions obtaining within the nasal cavity.

After touching on the chief physiological factors he passed on to the consideration of the changes which took place as the result of chronic inflammation, showing that these were mainly of a permanent hypertrophic nature. This permanency was brought about by the sero-mucous oedema, which the peculiar physical conditions largely helped to induce, and this prevented coincident atrophic changes. Minor grades of this hypertrophy and oedema were common, and when the condition was localised to, or more developed in, particular regions, the overgrowths assumed the form of ordinary nasal polypi.

Passing on to consider enlargement of the lower turbinated body, he pointed out that two forms were met with, one in which the hypertrophy was one with a chronic interstitial inflammation, and the other in which the signs of inflammation were but slight, or even absent, but in which the main part of the enlarged could be referred to the enormous increase in size and number of the cavernous spaces normally present. That this latter condition probably originated in a perverse action of the sympathetic nervous system was indicated by the fact that the unstriped muscular tissue surrounding the blood spaces was in many instances notably atrophied, and also that the marked neurotic symptoms commonly occurred in such cases.

The pathology of these two conditions was illustrated by lantern slides and specimens. A few notes on the treatment of these diseases closed the paper.

In the discussion that followed Mr. Chapman, Mr. Gerard Smith, Dr. Byres Moir, Mr. Knox Shaw, Dr. W. Hayward, Dr. A. Clifton, Dr. Roberson Day and Dr. Madden took part.

A paper was read by Dr. Burford, of London, on *Some Points of Interest and Importance in the Clinical History of Ovarian Growths*. The infectivity of certain colloid tumours of the ovary, after the ovarian capsule had ruptured, was noted, and compared with their relative innocuousness so long as the capsule was intact. A series of cases illustra-

tive of these points was cited, and papillomata of the ovary were similarly dealt with and further explained by cases from practice. Suppurative ovarian cysts and malignant ovarian growths were next reviewed from the clinical side, and finally strangulated cysts of the ovary were descanted upon and their definite indications set forth.

Each of these varieties of ovarian growths was illustrated by specimens from practice, and lantern slides and water-colour drawings were also exhibited during the course of the paper.

Dr. Goldsbrough, Dr. Neatby, and Dr. Madden took part in the discussion following the reading of the paper.

Mr. Johnstone gave a micro-lantern demonstration of microscopic sections of Fallopian tubes to show the more minute changes which take place in the lining of these organs as the result of inflammation. In explaining the section he said that such inflammation is usually infective, most commonly gonorrhœal. It begins by injection of the mucous membrane, passing into swelling and œdema. The mucous membrane loses its epithelial layer, discharges pus, and blocks the lumen of the tube by the swelling of the fimbriæ. Sometimes the raw surfaces thus brought into opposition adhere, grow together, and so occlude the lumen. This occlusion may occur in two places leaving the intermediate length of tube patent. In this closed section pus may accumulate, the walls become distended, and the result be a cystic pyo-salpingitis.

Another series of specimens illustrated various changes found in ovaries which had been removed on account of disease. These included specimens of inflammation of the ovary, purulent foci and abscess of the ovary, cystic ovary, cirrhosis of ovary, cirrhosis of the peritoneal layer or capsule of the ovary, strangulated ovarian cyst, showing the hæmorrhages and deposit of hæmatin crystals.

Mr. Johnstone further exhibited on the screen a microscopic section of a tonsil to show excessive engorgement of the lymphatics. These capillaries were found taking origin from the lymph follicles on the surface of the tonsil, and coursing through the base of the tonsil in company with the vein to reach the returning venous circulation. All the lymphatics were filled with white lymph corpuscles, and the staining reaction differentiated them from small arteries and veins which contained red blood corpuscles with only a small proportion of white corpuscles. It was evident that the lymphatics were being supplied with abundance of lymph corpuscles from the lymphoid follicles. If this were so in conjunction with the formation of a diphtheritic membrane

on the tonsil and the manufacture of toxin, it can easily be imagined how rapid must be the absorption into the general system. Mr. Johnstone suggested this as an explanation of the marked constitutional disturbance arising from the localized lesion in diphtheria.

NOTABILIA.

A SOCIAL EVENING IN LIVERPOOL.

On the evening of the 5th of last month, the Liverpool branch of the British Homœopathic Society were entertained at the Manchester Town Hall by the Lady Mayoress (Mrs. Meek), Miss Meek and Dr. Meek. The evening was agreeably spent in listening to music both classical and humorous, in inspecting the handsome presents of the Lady Mayoress, and examining the paintings of Madox Brown. The proverbial hospitality of Manchester men was exemplified by a supper, where there was a choice of good things. A vote of thanks was proposed by the President, Dr. Green, which was cordially supported by all present.

It has for some time been the custom of the Liverpool disciples of Hahnemann to foregather socially from time to time, and it is not seldom that some of the old school take part in these gatherings. In this way is formed a bond of union and a feeling of good fellowship amongst our *confrères* who, while perhaps not sharing the same views, learn to respect each other's opinions, which is the next thing to it.

PHILLIPS MEMORIAL HOSPITAL CONCERT.

We learn from the Bromley *Times* that a concert was given last Wednesday week, in that town, in aid of the funds of the Phillips Memorial Hospital, and as many eminent artistes were engaged, the concert proved a specially grand one for Bromley.

We are glad to know that it was well attended, both for bringing into notice so excellent an institution and as an encouragement to the managers of the hospital, upon whom so heavy and so great a responsibility rests.

Among the eminent artistes were Mme. Alice Gomez, Mrs. Mary Davies, Mr. Ben Davies and Mr. F. Lewis Thomas. The gain to the funds of the Phillips Memorial Homœopathic Institute was, we learn, £76 11s. 10d.

ITEMS OF HOSPITAL NEWS.

LONDON HOMŒOPATHIC HOSPITAL.

WE understand that Dr. J. H. CLARKE has resigned his post of physician to the above institution, and that he has been appointed one of the consulting physicians.

The following vacancies have been declared by the Board of management:—The posts of physician, orthopædic surgeon, and medical electrician.

Applications are invited for these appointments.

BUCHANAN COTTAGE HOSPITAL, ST. LEONARDS.

Mr. C. KNOX SHAW has resigned his appointment of surgeon to the Buchanan Hospital, and has been appointed consulting surgeon.

Dr. A. R. CROUCHER has been appointed one of the medical officers of the hospital.

DR. FISHER OF CHICAGO.

WE regret to hear that Dr. Fisher is seriously ill from typhoid fever. Before this notice appears we trust our colleague, well known as the energetic editor of the *Medical Century*, will be on the high road to recovery, and ready soon to resume his numerous and pressing duties. We shall look anxiously for further news of his progress.

ODIUM MEDICUM.

FROM time to time we still meet interesting instances of medical intolerance. One specimen we have recently noticed in the *Lancet* of November 21, entitled "As to Meeting Homœopaths." We quote it in full as an instance of an unusual amount of editorial ingenuity in putting together a large number of inaccurate statements in a very small space. "The duty of regular practitioners of medicine in regard to meeting those who profess homœopathic principles is very obvious, viz., to decline to do so, save in cases of extreme emergency, where humane considerations exclude all others. Two cannot walk together who disagree on fundamental principles. The narrowness here is not in the regular practitioner, who holds the larger creed, but in him who labels himself of a mere school and ties himself to a fantastic doctrine which, after a hundred years, is held such by five-sixths of the profession. There is some unfaithfulness to this obvious principle, especially in the consulting ranks of the profession, which may require more particular attention than it receives. But as to its reasonableness there can be no doubt."

Another example is furnished to us by the *British Medical Journal* of the same date, an example which we have no doubt is a source of satisfaction to our contemporary.

"The *Australasian Medical Gazette* also reports the formation of the Sydney and Suburban Provident Medical Association, to defend the interests of the profession against the encroachments of the friendly societies of the district.

The constitution and rules are published, and the latter seem to be of a just and practicable character. They specially enforce the following principles:—

1. A wage limit.
2. Preliminary examination of members.
3. Admission of all local practitioners to Staff (provided they do not practice homœopathy, and are not guilty of any unprofessional conduct, as recognised by the New South Wales Branch of the British Medical Association).
4. Permission of members to select their own doctors.
5. Special fee to be paid in advance for all cases of mid-wifery or miscarriages.
6. All operations to be charged for at a rate to be arranged between the medical man and patient.

The Sydney and Suburban Provident Medical Association seems to be well constituted with just and equitable rules, (!!) and is capable of meeting the wants of all unable to pay ordinary medical fees. It deserves the hearty support of the profession."

Such exhibitions of feeling as this are less common in the Colonies than at home, and it is clear that the rules were drawn up by a committee in which the influence of so-called regular practitioners was paramount. The intelligent public of Australia is not in the habit of giving itself away in this manner. That this is the case is well shown in the history and progress of homœopathy in Melbourne.

PATHOGENIC ACTION OF THE ROENTGEN RAYS.

THE Roentgen rays, the latest addition to our means of physical diagnosis, invaluable as it has been proved to be, is not without undesirable properties. For some time paragraphs have appeared in journals and newspapers seeming to show that the surface of skin exposed to the X-rays had, in some instances, chiefly after a long exposure or too close contact, become inflamed. More exact observation has unfortunately proved the truth of these fears. In the *Lancet* of the 8th of August, a case of dermatitis, resembling that produced by heat, is reported, in some detail, from Berlin, and it was also stated that a similar one had been shown at a

meeting of the Berlin Medical Society. In the same journal, for the 7th ult., another is quoted from the *Deutsche Medicinische Wochenschrift*. The patient was a boy, thirteen years of age, who in the course of a photographic demonstration had been exposed to the Roentgen rays for forty-five minutes. A fortnight later, his mother found that on his abdomen, above the umbilicus, there was a circular redness which, in a few days, grew larger and became covered with small itching blisters. Six weeks after the experiment, the central portion of the affected region had become nearly normal, but the morbid conditions had spread out in all directions, so that the whole abdomen was involved. The peripheral area was of a brown colour, produced by an increased pigmentation of the superficial layer of the epidermis. In a few weeks the skin resumed its normal condition, recovery being attended by a copious desquamation of the pigmented epidermis, the whole process being very like the specific dermatitis caused by sun-burn, and termed *chloasma caloricum*. It is, however, satisfactory to know that Dr. Sehrwald, who originally reported the case in the German periodical, points out that, notwithstanding the great number of Roentgen photographs taken every day, cases of skin disease are comparatively rare. When they do occur, he thinks that the vacuum tubes have been brought too near the body, the time of exposure has been too long, and the electric current has had too high a tension. He therefore recommends that in long continued work, the part of the body to be examined should not come within 60 c.m. (= 2 ft.) of the tube, that the tubes should be such as require only a short exposure, and that low tension electricity should be employed.

Though those who are operated on incur this risk, those who operate are by no means free from similar inconvenience. Our friend, Mr. Gerard Smith, whose demonstration of the X-rays at the President's reception at the recent International Congress formed so interesting, attractive and greatly appreciated a feature of the evening's entertainment, and who has recently given many lectures on the rays, has suffered in the same way. He writes to us that: "at each lecture, I having for perhaps half an hour held the fluorescent screen in my right hand close to the tube, and, in order not to let the shadow of my fingers come on the screen, I always hold the frame by the edge with my first finger and thumb only, these members, and also slightly my second finger of the right hand have peeled, and have painful cracks on them, which are always worse the day after the lecture. The thumb and fingers are so sore that I can only clean them with pain, also the skin over the back of this hand, which receives the full stream of the lateral rays, is

now continually rough, and chapped, and sore, while my left is in its normal state."

The *Nottingham Evening News*, on a recent occasion, published the two following extracts from *Nature* and a German Electrical Journal, illustrating the same phenomena as affecting operators:—

"In the correspondence column of *Nature* is 'The Strange Case of an X-rays Operator,' who states that after being engaged for some months in demonstrating the Röntgen-apparatus, he has lost most of his finger-nails and the skin of one hand three times. Besides this, he has suffered from severe eruptions and discomfort, including a painful swelling and discharge from the tips of his fingers. This only remedy he has found effective is to cover the hands perpetually with lanoline, his theory being that the X-rays, which are practically a concentrated form of actinic light, burn up the natural oil of the skin.

"The *Electrotechnischen Rundschau* also contains an account of an X-ray operator whose hands have peeled, and who is threatened besides with premature baldness. This physiological effect of the rays, which is now pretty well confirmed, opens up some interesting possibilities as to its future use in cases of cutaneous disorders, for a thing which harms may generally be employed as well to heal."

THE BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.

In the *St. Mary's Hospital Gazette* (October) Mr. Plummer gives an easy method of examining suspected membrane, which we abstract for the convenience of our readers:—

"To arrest the spread of diphtheria, the disease should be recognized as *early* as possible, not only with regard to the isolation of the patient, but also with regard to the new treatment of diphtheria with antitoxic serum.

"The instruments and material required are:—

"A long pair of forceps, a probe, and a scalpel.

"A test tube, and a small covered glass dish.

"A spirit lamp.

"A bottle of 1 per cent. solution of common soda.

"Cotton wool, and an egg.

"Firstly, we will take the examination of those cases in which a membrane is present in the throat, and where a diagnosis of diphtheria or not is required.

"The forceps must first be sterilised, and this is best done by filling the test tube to about one-third of its height with the soda solution, then placing the forceps in the tube, points

downwards, and boiling the fluid over the spirit lamp, holding the tube by a halter made of folded paper. Let the egg be boiled for about 10 minutes (this can be done before going to the patient), and sterilise the glass dish and cover by holding the inner surfaces over the spirit lamp till they get too hot to hold, when the cover should be replaced on the dish. The scalpel should then be sterilised by being heated in the lamp flame, and the egg should be cracked, and the shell be carefully peeled off one half of it. Holding the egg by the shell which is left, one or two slices should be made from the white only, and put at once into the dish. The surface must be cut as smooth as possible, so that the colonies of bacilli may show better, and by taking one slice from the top, and one from the side, pieces of about one quarter of an inch in thickness can be got ; this is sufficiently thick to prevent shrivelling up from evaporation of the contained moisture.

“ The patient is then so placed that light may fall into the mouth, which must be opened as wide as possible ; and the tongue being pressed down with a large spoon handle, a tiny bit of membrane is seized by the forceps, now sufficiently cool, and withdrawn. The piece of membrane, still held by the forceps, is now rubbed gently over the smooth surface of the white of egg, in three or four streaks on each piece, according to size. During this process the cover of the glass dish need not be raised higher than just to allow of the above being done, so as to reduce the risk of contamination from the air. The forceps are then put back into the soda solution in the test tube and boiled, so as to sterilise them. The glass dish with the egg is put into some warm place, well wrapped up in paper to keep light out, and is left for the colonies to develop.

“ Secondly, in the case of a patient who is convalescent. It would save infection if the throat were constantly examined for the diphtheria bacillus, before the patient was allowed to mix with other people, as it is sometimes weeks or months before the bacillus disappears from the throat.

“ The method adopted in this case is as follows :—

“ A piece of cotton wool is wound tightly round the blunt end of a probe, and placed in a dry test tube, and heated over the spirit lamp until the wool begins to turn brown. It is then allowed to cool, and the patient being placed in the same position as before, the pledget of cotton wool is pressed gently but firmly against the back of the throat, and against the tonsil, especially over the parts where the membrane has been. The egg having been got ready as above, the pledget is drawn across the smooth surface of the egg, in streaks, as before.

"The great advantage of this method, besides dispensing with special media and apparatus, is that the diphtheria bacillus grows with great rapidity upon this medium, and is very clearly visible even when the colonies are very small. Of course besides contamination of the air, and from using apparatus not completely sterilised, there will always be a mixed growth of bacteria in any examination made from the throat, if time be given them to appear, but they will not be visible during the first twenty-four hours, in which time the diphtheria bacillus will be very evident if it be present. It grows much quicker upon this medium than any of its saprophytic fellows from the throat, or than any accidental contamination, and upon this fact the usefulness of this method rests.

"It is better to examine the surface of the egg in every case with a simple lens, as the colonies are thereby made plainer and small ones not overlooked. In a typical case, at the end of 12 to 18 hours, a number of small, round, greyish-white, or pale yellow points will be seen, the centre of each being more opaque and darker than the periphery. These spread quickly and form greyish round colonies, and they grow with such rapidity that they may attain to a considerable size before the other organisms which are present have begun to form colonies large enough to be visible. Once seen they are easily recognised again.

"To make the diagnosis complete, microscopic examination of the bacilli must be made, and for this purpose a 1-12th inch oil immersion objective is necessary.

"A drop of water is placed on a perfectly clean cover glass, and a tiny bit is picked off one of the above mentioned colonies with the point of a needle which has been sterilised in the lamp flame. This is rubbed down with the needle in the drop of water on the cover glass, until it is broken up and uniformly distributed. The cover glass is allowed to dry, and is then passed three times through the lamp flame; if the glass be held in the fingers there will be no danger of overheating it. It can be stained by any of the aniline colours. It is then washed in water and dried, mounted in balsam and examined.

"One of the characteristics of the diphtheria bacillus is its extreme variability of form. The following varieties are those most often met with:—

"1. Thin, longish rods (8 to 4 per μ in length), straight or slightly curved, often with one or both ends a little enlarged, swollen and rounded. Commonly found in groups of two, less common in groups of three or more, in which the bacilli are arranged parallel to each other. It is also common to find

them crossed over each other, in the form of a cross, or of a rosette.

"2. Short wedge-shaped rods, sometimes in the shape of a diamond, which consists of two with their bases in apposition.

"3. Long club-shaped rods, enlarged and rounded at one end, often very pointed at the other."

POISONING BY PICRIC ACID.

THE following case of poisoning is reported by Mr. West:—

"A man, aged 85, came to me with the following history and symptoms: On the previous day, at 8 p.m., he took, what he at the time thought to be, some powdered sulphonal, but which proved to be picric acid. The amount he swallowed was about a tablespoonful. The next morning he complained of slight frontal headache, pain over the abdomen, and across the loins.

"He was deeply jaundiced. His urine contained bile and blood. The stools were natural.

"Next day the jaundice had slightly diminished, though the abdominal and lumbar pain persisted. In addition, there was lachrymation, injected conjunctivæ, profuse mucous discharge from the nares, and sore and irritable fauces. The urine still contained bile and blood. Three days later he was practically well, though still slightly jaundiced. At no time were the stools paler than normal, but the urine for some days contained both bile and blood.

"From the symptoms in this case it would appear that picric acid may be classed with phosphorus, antimony, arsenic, &c., drugs which, taken in poisonous doses, produce so-called hæmatogenous jaundice, due to the action of the toxic agent on the red blood cells, destroying them, and liberating their hæmoglobin. I may add that distinct jaundice has been noticed in patients taking medicinal doses of picrate of ammonia."—*Brit. Med. Jnl.*, Jan. 18th, 1896.

RAPIDLY FATAL RESULT FROM THE STING OF A WASP.

DEATH from the sting of a wasp is sufficiently rare, I think, to warrant the following case being put on record. There is, I find, a good deal of incredulity both within the profession and amongst the general public regarding the possibility of such an occurrence, so that I have been at some pains to get correct information concerning the symptoms as they appeared during the time which elapsed between the receipt of the sting and the death of the victim. I think these show conclusively that the sting acted as a very powerful irritant poison on the various nerve centres.

On the afternoon of September 8rd, a young lady, aged 23 years, while carrying a flowering pot plant in her arms was stung on the neck just behind the angle of the jaw, by a wasp which flew from it. She brushed off the wasp, and immediately, with the help of an old nurse who lives in the family, extracted the sting, which she saw had been left in the wound, and applied some solution of ammonia to it. In a very few minutes she complained of a feeling of faintness, and would have fallen on the floor had the nurse not caught her and assisted her on to a bed. The nurse noticed at the same time that a terrible expression of fear or anxiety had come over her countenance. She asked for brandy, and the nurse left her for a few minutes to bring it from another apartment. On returning with it she found her tossing on the bed, and complaining of a horrible feeling of choking, and of pains over the chest and abdomen. She swallowed the brandy (about two teaspoonfuls) with difficulty, but got no relief. The nurse noticed that the neck was swelling rapidly, and the choking sensation and pains in the abdomen had become agonising. She seemed to be sick but brought up nothing, and passed a very loose motion where she lay. Before anything further could be done she became insensible, and soon breathed her last. The nurse is positive that the whole length of time which elapsed between receiving the sting and her death could not have exceeded 15 minutes.

I saw the body about two hours after death, and found the neck and lower part of the face much swollen. The tongue was also much swollen, and filled the mouth to such an extent that the throat could not be seen. No *post mortem* examination was made.

The young lady was of rather an excitable, nervous temperament, and had shown some symptoms of weak action of the heart, but otherwise was in good health. Both the father and mother inherit gouty tendencies, and the mother is remarkably susceptible to the action of certain medicines.

I find on referring to authorities that similar cases have been formerly recorded, and that the supposition is that the poison is inserted directly into a vein. In the present instance this supposition is extremely likely from the situation of the wound.—WILLIAM FREW, M.D., Physician, Kilmarnock Infirmary.

THE EARLY DIAGNOSIS OF SPINAL CARIES.

In the journal of *Pædiatrics* Mr. Edmund Owen writes:—
“When I am examining a child for spinal ostitis the first thing that I do is to see if he can assume the attitude of Flandrin’s bather. The boy is sitting on a rock in the midst of blue sea

and sky. His knees are drawn up and his head is gently resting upon them, and his hands are crossed in front of his legs. In this position his back, from the sacrum to the occiput, presents the most beautiful curve that it is possible to imagine. Every child with a healthy spinal column can with the greatest ease place himself in the attitude of Flandrin's beautiful boy, and, more than this, he can separate his knees and let his head fall down between them. If he has by chance a tuberculous ulceration, or even a slight inflammation of the body of any of his vertebræ, he cannot do this; for, the bones being tender, the muscles of the back fix the spine very stiffly. It is not that the boy holds his back stiff by a voluntary effort; it is quite beyond his will. After a while, as the inflammation increases, exudation takes place in the tissues near the carious region, and this material, becoming more or less completely organized, adds still further to the amount of the rigidity.

"There is a method of examination to which I would most approvingly refer. It is that of applying gently increasing pressure to the top of the head whilst the child is standing or sitting erect. If the child's face is watched no harm or hurt can be done; for, as soon as the pressure begins to cause disturbance in the inflamed segment of the spine, the child frowns or winces. The pressure should not be carried so far, of course, as to make the child cry. The last test which I adopt is that designed to see how one vertebra rotates and inclines itself upon another, and this through the whole spine at the same time. Holding the pelvis from behind and fixing it with my two hands, I tell the boy to turn and look at me. It is a very delicate test."

RHEUMATISM TREATED BY THE LOCAL DRY HOT AIR METHOD.

"Dr. Knowsley Sibley showed a woman, aged 26, who had been a complete cripple from rheumatism for nearly three years. Her mother and her mother's grandfather suffered from the same complaint. The patient had very fair health up to three years ago. She had never been laid up with fever nor was there any cardiac lesion. She had been for many months under treatment at Bath, but without getting any better. She was sent up to London for treatment on September 30th, 1896. On admission, the following note was made: 'Patient has used a pair of crutches for two years, and can just manage to get about on the level with the aid of these; she cannot get up or down stairs, wash or dress herself, or do her hair. She feeds herself with great difficulty, and only with a large spoon and fork, as she cannot get either

hand within several inches of her mouth, She cannot rotate her elbows, which are nearly fixed at right angles. There is considerable thickening of the middle fingers of both hands, grating and limitation of movements at the shoulder-joints. The right knee is ankylosed nearly at a right angle; there is absolutely no movement of any kind to be elicited; the thigh, and especially the calf muscles of this leg, are much wasted; patient can just touch the ground with the tip of the toes, but is unable to put any weight on the limb, and in fact cannot raise it off the bed when lying on her back; there is constant pain of this joint; she wears a gutta-percha splint round it as a protection.' The localised hot air treatment was commenced on October 1st. After the second application it was possible to rotate the left elbow, and after the third the patient was able to see the palms of both hands, which she had not done for two years. After the sixth bath she was able to do her front hair, and after the tenth she was able to walk a few steps without her crutches, and there was distinctly some movement to be obtained in the knee-joint. She had now had twenty-seven baths, and could get her left hand all over her face, head, and neck, get up and down stairs with ease. There was now a fair amount of movement in the right knee-joint; the patient could flex and extend it some few inches. All these results had been obtained without at any time putting her under an anæsthetic and breaking down the adhesions, as was originally suggested; and at no time had she had any pain or effusion in any of the joints under treatment. Before and after each application of the dry air heated to a temperature of 260° F., the limbs were gently manipulated and massaged. She had been taking some syrup of the iodide of iron, and the bowels regulated with Condal water.'—*The British Medical Journal*, November 21.

THE ABDOMINAL BELT AFTER CÆLIOTOMIES.

As the result of correspondence with a large number of surgeons, McGuire (Richmond) states that the majority of the writers employ an abdominal belt after cœliotomies—some from conviction and some from doubt, and some from indifference. The fact, however, that a single competent observer has discarded its use and found no reason to regret abandoning artificial support, proves that in the large majority of cases it is unnecessary.

Because an abdominal belt is indicated in some instances, is no reason why it should be employed in all cases. Routine practice is bad practice.—*Maryland Medical Journal*.

CORRESPONDENCE.

"HORSELESS CARRIAGES."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It may interest some of your readers to know that the "horseless carriage" is by no means a new idea. This, the following paragraph, taken from the "Lettres choisies de feu Mons. Guy Patin," will prove.

Guy Patin was a celebrated professor of medicine at the College Royal, Paris. He was born at Houdan, August 31st, 1601, and wrote his letters in 1642.

This is the paragraph in the quaint old French of that date :—

"Il est vray, comme on vous l'a dit, qu'il y a icy un Anglois fils d'un François, qui médite de faire faire des carrosses qui iront et reviendront en un même jour de Paris à Fontainbleau *sans chevaux* par des ressorts admirables. On dit que cette nouvelle machine se prepare dans le Temple. Si ce dessein réussit cela epargnera bien du foin et de l'avoine qui sont dans une extrême cherté."

I remain, yours truly,
M.D.

Nov. 28, 1896.

PATHOGENIC ACTION OF THE X RAYS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have been favoured by Dr. Pope to see a proof of one of your Notabilia before it went to press; and have to add that by using a little stiff grease (cocoa-butter) I find the skin quite protected from irritation by the X rays, and my hand is now quite healed.

May I also remark that those who practically work the X rays would be very pleased indeed if they were able to follow the advice given by Dr. Sehrwald, but that advice contains suggestions which are, in the present state of knowledge, impossible to carry out, and for these reasons: The further the tube is removed from the object photographed, the longer is the exposure, and with every inch added in distance a longer spark is needed to secure the same exposure, *i.e.*, shorter exposure with longer distance means greatly increased electric tension if good results are to be obtained.

I am, yours &c.,
GERARD SMITH, M.R.C.S., L.S.A.

87, Gloucester Place, W.

NOTICES TO CORRESPONDENTS.

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BOOKS RECEIVED.

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